

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

Beauty Advance Skin and Laser  
Clinic

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

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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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Advance Skin and Laser Clinic on the 25 March 2019.

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

We found that Beauty Advance Skin and Laser Clinic was committed to providing an effective service and a positive experience for patients.

The environment was clean, well maintained and conducive to providing laser treatments. There were processes in place to ensure the privacy and dignity of patients.

However, we found evidence that the service was not fully compliant with all relevant regulations and their conditions of registration with HIW on the day of the inspection.

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 improving services and actively requests feedback from patients.
- Appropriate arrangements were in place for infection prevention and control.
- The service keeps excellent clinical records in accordance with professional standards.
- Documentation was available to show that the laser/IPL machines are regularly serviced and maintained.

This is what we recommend the service could improve:

- The patients' guide needs updating in line with regulations.
- All laser operators to undertake appropriate child protection training.
- The service must make it easier to identify which eye protection glasses are suitable for use with each attachment on one of the laser machines.

- All laser operators to demonstrate better understanding of the treatment protocols for each laser/IPL machine.

We identified the following areas of non-compliance with relevant regulations and conditions of registration with HIW:

- The service had not appointed a certified Laser Protection Adviser to provide the service with support on the safety of the laser/IPL machines.
- The registered manager had not ensured that the local rules for the safe use of the laser/IPL machines had been reviewed at least annually by a certified Laser Protection Adviser.

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed.

### 3. What we found

#### Background of the service

Beauty Advance Skin and Laser Clinic is registered as an independent hospital to provide laser services at 6-8 Morgan Arcade, Cardiff, CF10 1AF.

The service was registered with HIW at their previous address in Whitchurch, but was re-registered on 15 January 2018 to provide services from its new location.

The service employs a staff team of four which includes the registered manager, who is also a laser/IPL machine operator, two other laser/IPL machine operators, and one receptionist.

A range of services are provided which include:

- Hair removal
- Near infrared (skin tightening)
- Active acne treatment
- Skin rejuvenation
- Pigmentation
- Tattoo removal
- Thread vein removal
- Pixel fractional non-ablative fine line wrinkles and acne scars treatment
- Nail fungus.

## 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 service was committed to providing a positive experience for patients.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments.

Patients were provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

We found that the patients' guide needed updating to ensure compliance with the regulations.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 8 questionnaires were completed.

Overall, patient feedback was positive, and the majority of 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:

*"Friendly and knowledgeable staff"*

*"The treatment has been excellent"*

## 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.

The majority of patients that completed a questionnaire confirmed that they were asked to complete a medical history form, or have their medical history checked, before undertaking any treatment.

### **Dignity and respect**

Every patient that completed a 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. We were told that the door to the treatment room is always locked during treatment and that patients are left alone in the treatment room to undress if necessary.

Consultations with patients take place 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 includes the risks, benefits and likely outcome of the treatment offered. Information about each treatment is also available on the clinic's website.

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. All but one of the patients told us that the cost of any treatment was always made clear to them before they received the treatment.

Where applicable, the majority of patients that completed a questionnaire confirmed that they had signed a consent form before receiving any new treatment.

We were told that patients were provided with aftercare advice, however some patients that completed a questionnaire said that they had not been given aftercare instructions about how to prevent infection and aid healing after their treatment. We would suggest the registered manager reflects on this feedback and reviews the aftercare instructions provided to patients for all treatments to ensure they are comprehensive.

## Communicating effectively

A detailed statement of purpose<sup>1</sup> was provided to us by the registered manager that contained the essential information as required by the regulations. A patients' guide was included within a patient information folder that was on display in the waiting area. We noticed that the patients' guide stated the incorrect telephone number for patients to contact HIW.

All but one of the patients 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 must update its patients' guide to include the correct telephone number for HIW, and provide a copy to HIW.

## Care planning and provision

We saw evidence that initial consultation appointments, conducted prior to treatment being started, were documented on paper forms which had been signed and dated by the patient, and countersigned by the laser operator. We were told that prior to treatment, all patients are either given a patch test to determine a safe and effective setting of the laser for their skin and hair type or are asked to sign a disclaimer if they refuse to have the test.

We were provided with evidence of excellent record keeping processes. The clinic maintained a comprehensive electronic patient treatment register that was kept in accordance with professional standards and guidance, and was updated by laser operators at each appointment.

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<sup>1</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

## Equality, diversity and human rights

Beauty Advance Skin and Laser Clinic is situated over two floors. While there is an accessible treatment room on the ground floor, the patient toilet is situated downstairs. While this is explained in the statement of purpose, we recommend that these accessibility issues are also made clear to patients in the patients' guide.

### Improvement needed

The service must update its patients' guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW.

## Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback as a way of monitoring the quality of service provided. Patients are regularly contacted via email to provide feedback, and patients are also encouraged to complete a Facebook or Google review about their experience at the clinic. We were told that any negative comments are responded to individually if appropriate, to explain how the clinic will improve as a result of the feedback.

However, a third of the patients that completed a questionnaire said that they were not aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires.

While links to their electronic platforms are included in the patients' guide, we recommend the service expands this section in the patient's guide to include a summary of patient feedback as required by the regulations.

### Improvement needed

The service must update its patients' guide to include a summary of patient feedback, and provide a copy to HIW.

## Delivery of safe and effective care

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

The service was visibly clean and tidy, and had good infection control processes in place.

Patient records were stored securely to prevent unauthorised access.

The service was committed to providing a high standard of care, but child protection training was required for laser operators, and the safeguarding policies were in need of updating.

The service needs to establish more effective and proactive arrangements to monitor compliance with relevant regulations and their conditions of registration; specifically in regards to the appointment of, and ongoing support from, a certified Laser Protection Advisor.

## Managing risk and health and safety

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

We looked at a selection of maintenance arrangements for the premises. We saw that a Portable Appliance Testing (PAT) logbook was up to date to help ensure that small electrical appliances is maintained and in a safe and suitable condition.

We saw evidence that the installation and modification of new and existing wiring was undertaken in November 2017 when the clinic was in the process of moving into its new location.

We looked at the arrangements in place with regard to fire safety. We saw that fire alarm tests and fire drills are carried out regularly and recorded in a logbook. We saw evidence that fire extinguishers were serviced annually. We also noted that fire exits were signposted.

There was an appropriate emergency first aid kit available and members of staff had been trained in first-aid.

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

We saw that the clinic was visibly very clean and tidy. 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'.

The registered manager described the infection control arrangements at the clinic which we found to be consistent with the procedures outlined in their infection control policy. We also saw that a cleaning schedule was in place and kept up to date.

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

There was a unisex toilet for use by both staff and patients downstairs, but there were no feminine hygiene facilities available. A feminine hygiene bin must be acquired.

#### **Improvement needed**

The service to arrange for a feminine hygiene bin to be installed in the unisex toilet.

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

The service is registered to treat patients over the age of 16 years old and staff confirmed that this was complied with. We were told that the clinic requires parental consent to undertake treatment on patients aged 16 or 17 years old, and that any children accompanying adults that are receiving treatment are not permitted into the treatment rooms.

We found that laser operators had not received child protection training. In Wales, a child is defined as a person who is aged under 18 years old, and while the clinic told us that they require parents or guardians to be present during treatment of children aged under 18 years old, we would recommend that all laser operators receive child protection training.

We saw evidence that laser operators had received appropriate training in the protection of vulnerable adults.

We saw that separate policies for the safeguarding of children and adults were in place which contained procedures for staff to follow in the event of any safeguarding concerns. However, neither policy contained contact details for relevant local safeguarding agencies.

#### Improvement needed

All laser operators to undertake child protection training and evidence of completed training submitted to HIW.

The safeguarding of children and safeguarding of adults policies must be updated to include the contact details of relevant local safeguarding agencies.

#### Medical devices, equipment and diagnostic systems

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

During inspection we found that treatment protocols for the safe use of the laser/IPL machines were out of date. Before the end of the inspection, the clinic was able to provide evidence that recently updated treatment protocols had been overseen and issued by an expert medical practitioner. We recommend that all laser operators sign a declaration confirming that they have read and understood the treatment protocol for each laser/IPL machine.

The registered manager was unable to provide evidence that a contract was in place with a Laser Protection Adviser (LPA) to provide the service with continuous and timely support on the safety of the laser/IPL machines and day to day operational use. We saw that the previous contract with an LPA had expired in November 2018.

We also found during inspection that the local rules<sup>3</sup> in place at the service, which govern the safe use of the laser/IPL machines, were last issued by their

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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> 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.

previous LPA in 2017. This is a breach of the service's conditions of registration which require the local rules to be reviewed at least annually by a relevant expert in the field of laser or intense pulsed light [an LPA].

The registered manager was therefore unable to assure us on the day of inspection that treatments were being provided in accordance with professional guidelines to ensure the welfare and safety of patients. These concerns were dealt with via a non-compliance notice.

#### Improvement needed

All laser operators to sign a declaration confirming that they have read and understood the treatment protocol for each laser/IPL machine.

#### Safe and clinically effective care

We saw certificates to show that the laser operators had completed the Core of Knowledge<sup>4</sup> training. The registered manager completed their Core of Knowledge training in 2015 and we would advise the registered manager to consider undertaking refresher training. All laser operators had also received training on how to use the laser/IPL machines by the manufacturer.

We saw that eye protection glasses specific to each laser/IPL machine were available for patients and laser operators. The registered manager confirmed that the glasses were checked regularly for any damage. One pair of glasses in each treatment room had loose rubber nose pads. The service confirmed that appropriate replacement glasses had been ordered but we advised the registered manager to remove both pairs of defective glasses to reduce the potential risk of causing harm to patients.

We saw that multiple types of glasses were available for the Alma Soprano Diode and Alexandrite (Soprano Ice) Laser due to the varying strengths of wavelengths provided by different laser attachments to the machine. All glasses were laid out next to each other on a shelf. We recommend that the service

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

implements a system to make it easier to identify which glasses are suitable for use with each attachment to the laser machine to reduce the risk of incorrect glasses being used during treatments.

No patients were being treated on the day of the inspection, but the registered manager described the treatment process in detail and confirmed that the treatment room is locked when the machine is in use to prevent any unauthorised persons from entering during treatments.

On the day of inspection there were two signs on the outside of each treatment room door to warn people that they were entering an area where lasers are used. We saw that the previous LPA had recommended after his last visit to the clinic that one of the warning signs is removed to avoid confusion. Once made aware of this, the registered manager removed one of the signs during the inspection from both treatment room doors. We advise that in future the service reviews and addresses any actions advised by an LPA immediately.

We were told that the laser/IPL machines were kept secure at all times and that when the machines were not in use, the activation keys were hidden in a safe place.

#### Improvement needed

The service to implement a system to make it easier to identify which eye protection glasses are suitable for use with each attachment to the Alma Soprano Diode and Alexandrite (Soprano Ice) Laser machine.

#### Participating in quality improvement activities

We found evidence that there were suitable systems in place at the clinic to regularly assess and monitor the quality of service provided. For example, following treatment, the service provided the opportunity for patients to provide feedback on their experience through questionnaires and online reviews. Trainee laser operators also have to complete an induction programme and have their initial treatments supervised by a senior laser operator to ensure their treatments are being undertaken in accordance with professional guidelines.

#### Records management

Patient information was kept securely with all paper records being stored in a lockable cabinet. We examined a sample of patient notes 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/IPL machines was the responsibility of the registered manager.

Systems were in place to ensure policies and procedures were updated on a regular basis.

The staff appeared very happy in their roles and we saw that all authorised laser operators had the appropriate training and relevant knowledge to deliver safe treatment to patients.

### Governance and accountability framework

Beauty Advance Skin and Laser Clinic is owned by the registered manager, who is also a laser/IPL machine operator. There are three other members of staff, which includes two laser/IPL machine operators. The service had a number of policies in place which are reviewed every six months. Staff are required to sign a separate page to demonstrate that they had read and understood all policies rather than sign each policy individually.

We were told that full team staff meetings are not routinely scheduled, but take place frequently throughout the year. Minutes of these meetings are taken to ensure issues discussed and decisions made can be communicated to anyone unable to attend a meeting.

We saw that the service had an appropriate and up to date liability insurance certificate that was displayed downstairs next to one of the treatment rooms.

### Dealing with concerns and managing incidents

The service had an appropriate complaints procedure which included the correct contact details of HIW in line with regulatory requirements. A summary

of the complaints procedure is included within the statement of purpose and in the patients' guide.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic.

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

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

The registered manager told us that staff have access to regular training to develop their skills and that an audit of patients notes is routinely undertaken by the registered manager to monitor and assess the quality of the services provided by the laser operators.

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

We found that staff had Disclosure and Barring Service (DBS<sup>5</sup>) checks in place to help protect patients against the risk of inappropriate, or unsafe, care and treatment.

The registered manager described an appropriate process for recruitment and induction, including employment checks and written references, to help ensure that staff had the right skills and knowledge to undertake the role.

We were told that staff appraisals take place every six months.

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<sup>5</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).

## 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, measurable, 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 Advance Skin and Laser Clinic

**Date of inspection:** 25 March 2019

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 service must update its patients' guide to include the correct telephone number for HIW, and provide a copy to HIW.	The Independent Health Care (Wales) Regulations 2011 Regulation 7	This has been completed in full and has already been sent.	India	Completed
The service must update its patients' guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW.		Started completing this on 16/05/2019, and hope to have this finished soon.	India	To be completed by 01/07/19
The service must update its patients' guide to include a summary of patient feedback, and provide a copy to HIW.		We printed one on the day of inspection and every 2 weeks are updating this.	India	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The service to arrange for a feminine hygiene bin to be installed in the unisex toilet.	Health and Safety Executive guidance – Health and Safety at Work Regulations	Contract is being discussed with PHS and are just awaiting the finalised contract to be sent through.	Daniela	31/05/19
All laser operators to undertake child protection training and evidence of completed training submitted to HIW.	The Independent Health Care (Wales) Regulations 2011	In the process of looking for a course, so hopefully will book one this month.	India	01/07/19
The safeguarding of children and safeguarding of adults policies must be updated to include the contact details of relevant local safeguarding agencies.	Regulation 16  National Minimum Standards for Independent Health Care Services in	We have found the correct contact details to update this but are in the process of adding this to our Safe Guarding Policy	India	01/07/19

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Wales Standard 11			
All laser operators to sign a declaration confirming that they have read and understood the treatment protocol for each laser/IPL machine.	The Independent Health Care (Wales) Regulations 2011 Regulation 45 (3)	Signed by 2 Full time members of staff (India Evans and Raveena Bhogal)	India	Completed
The service to implement a system to make it easier to identify which eye protection glasses are suitable for use with each attachment to the Alma Soprano Diode and Alexandrite (Soprano Ice) Laser machine.	The Independent Health Care (Wales) Regulations 2011 Regulation 15 (1)	The same Laser eye protection glasses are suitable for both the Alma Soprano Diode and Alexandrite, so they are coloured with a Yellow sticker, to identify them from the other glasses used for N.I.R machine.	India	Completed
<b>Quality of management and leadership</b>				
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): India Evans**

**Job role: Manager**

**Date: 16/05/19**