

Quality Check Summary

The NEAT Clinic

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The NEAT Clinic as part of its programme of assurance work. The NEAT Clinic is based in Gorseinon, Swansea and offers a range of beauty services. These include semi-permanent make-up¹, glycolic skin peels² and botox³, as well a range of treatments using an Intense Pulsed Light (IPL) device⁴. These include hair removal and skin rejuvenation⁵.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011

Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager on 3 March 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that the infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- How are you ensuring that the environment is safe for staff, patients and visitors, and how patient dignity is maintained? What changes, if any, have been made as a result of COVID-19?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?

¹ “semi-permanent make-up” also known as “micropigmentation” is a form of temporary cosmetic tattooing.

² Glycolic acid peels slough off the surface and middle layers of skin, removing dead skin cells and debris. Since glycolic acid is made up of small molecules, it readily penetrates skin, removing the lipids that hold dead skin cells together

³ “Botox” is a brand name of a toxin produced by the bacteria *Clostridium botulinum* and is used to treat signs of skin ageing such as wrinkles.

⁴ An IPL device uses an intense field of light to destroy hair follicles and remove unwanted hair

⁵ Intense pulsed light (IPL) therapy, aka photofacial, is a way to improve the colour and texture of your skin without surgery using an intense field of light.

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- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?
 - How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies/procedures, including fire safety risk assessment(if applicable)
- Insurance liability certificates.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager informed us of the changes that they had made to the environment of the clinic in order to protect clients from COVID-19 and to ensure a safe environment. These included operating a locked door policy so that only those clients with pre-booked appointments could enter the clinic. The registered manager informed us that whilst they did have a screen at the reception desk, this had recently been removed.

The registered manager informed us that appointments would be booked to allow time in between them to air the treatment room and only one client was allowed access into the clinic at a time. In addition, we were told that the clinic had reduced the products on display in order to assist with the cleaning of the clinic.

We saw evidence that an environmental risk assessment had been carried out in February 2022 that took into account the increased risks concerning the use of an IPL device. The registered manager also informed us that new fire extinguishers had been purchased within the last year and we saw evidence of a valid certificate of Public Liability insurance⁶.

We asked the registered manager to describe the arrangements in place to ensure that the

⁶ Public liability is a type of insurance for businesses of all sizes, across a variety of industries. It covers you if a client or member of the public claims they have been injured, or their property damaged, because of your business activities

dignity and privacy of clients was maintained while at the clinic. We were told that clients would be treated in a private room. Clients were able to bring a chaperone with them should they wish and questions of a sensitive or confidential nature would be asked in a private area of the clinic. As only one client was permitted access to the clinic at a time, this meant that conversations could be held confidentially in a manner that upheld client privacy and dignity.

We were told that clients were actively encouraged to communicate through the medium of Welsh. The registered manager informed us that prior to the pandemic, posters had been displayed to encourage Welsh speaking and that the clinic had Welsh speaking employees.

The following areas for improvement were identified:

As part of the quality check process we asked the registered manager to provide us with documents including a fire risk assessment and policy. This was not provided to the inspector. This could mean that staff working at the clinic might not be aware of the risks involved and how to mitigate them, leading to a risk of harm to clients and staff from fire.

The registered manager must carry out a full and comprehensive fire risk assessment for the clinic and have a fire policy in place. Both documents should be reviewed annually and updated as necessary.

We found that whilst an environmental risk assessment had been completed, this contained limited detail of the resulting actions implemented by the service in response to the pandemic.

The service must ensure that actions required to manage risks are appropriately documented in a comprehensive environmental risk assessment.

Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits.

The following positive evidence was received:

We asked the registered manager to describe the arrangements in place to protect staff and

clients from the risks of COVID-19. We were told that clients were asked to attend on time for their appointments and to wear a face covering. Those clients attending without a face covering were offered a disposable face mask.

We were informed that hand sanitiser was available at the entrance to the clinic and clients were encouraged to use it. Staff were encouraged to maintain good hand hygiene while treating clients and only disposable paper towels were used during treatments. Any waste generated was disposed of in a clinical waste bin and we were told that the registered manager had a contract in place for this to be regularly collected.

Clients would be asked to complete a COVID-19 questionnaire prior to receiving treatment and the clinic had an appointment system in place that supported compliance with Test, Trace and Protect⁷ guidelines.

It was positive to note that the registered manager underwent regular lateral flow testing to ensure the safety of staff and clients and that staff were encouraged to adhere to the “Five Steps to safer working together”⁸ national guidance.

The registered manager informed us that cleaning measures had been increased due to the pandemic. A cleaning rota was in place to ensure regular cleaning of all areas of the clinic and increased cleaning of high touch areas, such as the treatment room, door handles and light switches was undertaken with approved disinfectant wipes.

The registered manager informed us of the training undertaken by staff in infection prevention and control. We were told that staff had completed online training in COVID-19, personal protective equipment and IPC.

The following areas for improvement were identified:

As part of the remote quality check process, HIW asked for evidence of a COVID-19 policy or risk assessment that set out how the risks associated with the COVID-19 pandemic would be mitigated. This was not provided to the inspector. During the quality check call the registered manager confirmed that a no policy or risk assessment was in place.

Businesses, employers and other organisations have a duty to protect their employees and customers while on their premises. Businesses, employers and other organisations, must undertake a bespoke coronavirus risk assessment of their premises and activities and take reasonable measures to minimise exposure to, and the spread of, coronavirus based on that bespoke risk assessment. This is a legal requirement in Wales under the Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020.

⁷ Test, Trace and Protect is the procedure used by Welsh Government to trace contacts of known coronavirus cases to inform them of the need to self-isolate if necessary.

⁸ “5 steps to safer working together” is a UK government 5-step initiative to encourage workplaces to adhere to safer working during the COVID-19 pandemic. [Staying COVID-19 Secure in 2020 poster \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/86424/staying-secure-in-2020-poster.pdf)

The absence of a risk assessment means that HIW cannot be assured that the risk of COVID-19 transmission was being managed effectively. This presents a significant risk to the welfare and safety of staff and patients.

The registered provider must ensure that they undertake a COVID-19 risk assessment and update any existing policies or procedures as indicated by the risk assessment. The risk assessment must be sent to HIW.

As a result of this concern and the associated risks to clients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concern highlighted and to ensure client and staff safety was protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

The registered manager provided us with a copy of the IPC policy in place at the clinic. This policy was dated January 2020 and had not been updated since. Additionally, the policy referred to a third party organisation related to sports clubs and made reference to organisations that were not applicable to Wales.

The registered manager must ensure that the IPC policy is reviewed and updated and relevant to their area and place of work.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Informed consent policies / procedures
- Copy of the latest patient guide
- Staff training records
- Safeguarding policies/procedures
- Statement of purpose
- Safeguarding training certificates
- Core of Knowledge training certificates
- Consultation forms including medical history and consent forms
- Laser hair removal treatment protocol

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- Local Rules
 - Laser Protection Advisor risk assessment.

The following positive evidence was received:

The registered manager provided us with evidence that all operators of the IPL device had attended the laser / IPL Core of Knowledge course for continuing professional development in 2020.

The registered manager also confirmed that they complied with their conditions of registration regarding the age ranges of the clients they would treat with the IPL device. However, they were not currently treating those under the age of 18 in order to reduce the footfall through the clinic due to COVID-19.

The NEAT Clinic had only one other member of staff that offered treatment with the IPL device and there were no plans at the time of the quality check to recruit others. However, the registered manager did confirm that a separate medical doctor and registered nurse would use the clinic to offer treatments such as botox on an ad-hoc and self-employed basis.

We were provided with the clinic's most recent patient guide that contained all of the information as required by the regulations.

The following areas for improvement were identified:

During the quality check process HIW asked the registered manager to provide evidence that all persons working for the purposes of the independent healthcare setting had undertaken suitable training in the safeguarding of children and vulnerable adults. HIW were not provided with current training certificates for the safeguarding of children and vulnerable adults for an employee of the setting.

This could mean that signs of abuse towards a child or vulnerable adult that may come into contact with the setting, might not be acted upon in a prompt and timely manner and an opportunity to protect them missed.

In addition, all staff working for or at the independent healthcare setting should have undertaken an enhanced disclosure and barring service (for child and adult workforce) check to ensure that they were of suitable character to work at the independent healthcare setting.

The registered person must ensure that all persons working for the purposes of the independent healthcare setting have undertaken up to date training in the safeguarding of children and vulnerable adults. The registered person must also arrange for all IPL operators to undertake a Disclosure and Barring check (enhanced for child and adult workforce) that was applied for by, or on behalf of the registered person.

As a result of this concern and the associated risks to clients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concern highlighted and to ensure client and staff safety was protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

During review of the safeguarding policy provided to HIW in support of the quality check, we found that it referred to sports clubs and was not specific to the operation of the clinic. In addition, it contained reference to organisations that were not relevant to Wales and did not contain the contact details of the local authority safeguarding teams.

As a result, staff may not be aware of the correct procedure to undertake should they become aware of a child or adult at risk. This could lead to a delay in referral to the local safeguarding team and could put a vulnerable adult and child at further risk from harm.

The registered manager must review the safeguarding policy to ensure that it is:

- Relevant to the area in which they work
- Contains details of the local safeguarding teams and how to contact them
- Is specific to Wales.

As part of the quality check, HIW requested the clinic provide their most recent statement of purpose as set out in the regulations. The statement of purpose was not submitted to HIW for review. This could mean that clients may not be receiving the correct information as defined by the regulations that should be set out in the statement of purpose.

The registered manager must ensure the statement of purpose is reviewed annually and a copy provided to HIW. This should also be made available to clients via the clinic website (if applicable).

Safe and effective care

During the quality check, we considered how the service has delivered treatment safely and effectively to patients. We considered the arrangements in place to explain treatments to patients, how treatment needs are assessed and how the service manages the risks associated with the laser equipment.

The following positive evidence was received:

The registered manager confirmed that all clients undergo a full consultation prior to any treatment taking place. Clients were also provided with information that they could take away in order to allow them time to consider the treatment options available.

We were told that medical histories were collected during the initial consultation appointment in order to further determine the suitability of a treatment and these were updated at each subsequent appointment to ensure that the treatment provided continued to be safe. The registered manager provided us with a blank medical history form in support of the requirement to check suitability of treatment for individuals.

We found that consent was obtained from patients prior to the treatment taking place and at any subsequent appointments. This process included a discussion around the risks, benefits and likely outcome of the desired treatment.

The registered manager confirmed that a skin patch test was completed for all patients prior to the treatment and that suitable aftercare information was provided for patients following treatment.

The following areas for improvement were identified:

As part of the quality check process HIW requested evidence from the registered manager of the IPL device in use at the setting.

Condition 1 of the service's conditions of registration stipulates that services can only be provided to persons using a Lynton Excelight IPL (machine identification EXC-170-20). However, during the quality check we saw evidence that a different laser machine, a Lynton Excelight IPL (machine identification EXC-504-20) was in use. The registered manager confirmed that this had replaced the original device.

Before granting registration for the use of an IPL device HIW undertakes a number of checks to ensure that the persons using the device were trained and competent to do so. Checks would also be undertaken to ensure that the systems and processes underpinning its use were in place and appropriate. These checks had not been undertaken by HIW for the device currently in use. Therefore we could not be assured that treatments were being provided in a manner that ensured the welfare and safety of the patients and staff or that the equipment being used was appropriate.

During the remote quality check process HIW asked the registered manager to provide a copy of the local rules relevant to the IPL device in use at the setting. HIW also requested evidence of a current contract with a nominated certified laser protection advisor (LPA) as required under the regulations.

It was identified, from the evidence provided, that the registered manager had not arranged for the local rules to be reviewed by a relevant expert in the field of intense pulsed light. Furthermore the local rules that were in operation related to a different IPL device than the one currently in use. During the quality check call, the registered manager confirmed that they did not know that the local rules required review on an annual basis.

Evidence provided in support of the requirement to have in place a nominated certified LPA showed that there was an arrangement in place up until May 2021. However the registered manager could not provide evidence to confirm that the arrangement had been extended beyond that date. The IPL device was therefore being used without a valid set of local rules which were vital in managing risks to the health, welfare and safety of patients and others.

The registered person must:

- Ensure that a valid set of local rules that refer to the current IPL device are put in place. This document must be signed and dated by all persons operating the IPL device at the establishment. Continuing to use the IPL device without a valid set of local rules would be a breach of regulations
- Provide evidence to HIW of a valid contract with a nominated certified LPA.

As a result of these concerns and the associated risks to clients and staff, a non-compliance notice was sent to the registered provider to request assurance in relation to the actions that have been or will be taken, to address the concern highlighted and to ensure client and staff safety was protected. Subsequently, a response was received from the practice within the set deadline, which provided assurance and set out the actions that will be taken to address the issues highlighted.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

Improvement plan

Setting: The NEAT Clinic

Ward/Department/Service Laser/IPL
(delete as appropriate):

Date of activity: 3 March 2022

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	The registered person must immediately cease to use IPL device and apply for a variation of their conditions of registration.	Regulation 15(1)(b) and 15(1)(d) The Independent Health Care (Wales) Regulations 2011 Section 24 of the Care	A variation of their conditions of registration has been completed and awaiting registration of the IPL serial number to be updated	Natalie	Awaiting on HIW

		Standards Act 2000			
2	<p>The registered person must:</p> <ul style="list-style-type: none"> ensure that a valid set of local rules that refer to the current IPL device are put in place. This document must be signed and dated by all persons operating the IPL device at the establishment. Continuing to use the IPL device without a valid set of local rules would be a breach of regulations. Provide evidence to HIW of a valid contract with a nominated certified LPA 	Regulation 45 The Independent Health Care (Wales) Regulations 2011 Section 24 of the Care Standards Act 2000	A valid set of Local Rules and Service Certification has been issued		Immediately
3	The registered person must ensure that all persons working for the purposes of the independent healthcare setting have undertaken up to date training in the safeguarding of children and vulnerable adults. The registered person must also arrange for all laser operators to undertake a Disclosure and Barring check (enhanced for child and adult workforce) that was applied for by, or on behalf of the registered person.	Regulation 16(1)(a) and 22(1)(d) The Independent Health Care Regulations 2011	All person working on the premises have an up to date Safeguarding of Children and Vulnerable Adults training. A DBS has also been provided from any persons working on the premises.	Natalie	Immediately

4	The registered provider must ensure that they undertake a COVID-19 risk assessment and update any existing policies or procedures as indicated by the risk assessment. The risk assessment must be sent to HIW.	Regulation 15(7) and 15(10) The Independent Health Care Regulations 2011	COVID-19 risk assessment updated and has been sent to HIW	Natalie	Immediately
5	The registered manager must carry out a full and comprehensive fire risk assessment for the clinic and have a fire policy in place. Both documents should be reviewed annually and updated as necessary.	Regulations 26 (4) The Independent Health Care Regulations 2011	Reviewed and Updated		Immediately
6	The service must ensure that actions required to manage risks are appropriately documented in a comprehensive environmental risk assessment	Regulation 26 and regulation 9 (k)The Independent Health Care Regulations 2011			
7	The registered manager must ensure that the infection prevention and control policy is reviewed and updated and relevant to their area and place of work.	Regulation 15(3) The Independent Health Care Regulations 2011	Reviewed and updated	Natalie	Immediately

8	<p>The registered manager must review the safeguarding policy to ensure that it is:</p> <ul style="list-style-type: none"> • Relevant to the area in which they work • Contains details of the local safeguarding teams and how to contact them • Is specific to Wales 	Regulation 16 The Independent Health Care Regulations 2011	Reviewed and updated		
9	The registered manager must ensure the statement of purpose is reviewed annually and a copy provided to HIW. This should also be made available to clients via the clinic website (if applicable).	Regulation 6 and Schedule 1 The independent Health Care Regulations 2011	Reviewed and updated	Natalie	Immediately

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.

Name: Natalie Luben

Date: 22/03/22