

Quality Check Summary

The Bay Laser and Beauty Clinic

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Bay Laser and Beauty Clinic as part of its programme of assurance work. The setting is registered to provide a range of cosmetic skin treatments using an intense pulsed light device to adults over 18 years old.

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 and the National Minimum Standards. 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 21 July 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?
- 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 extinguisher confirmation
- 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 described a range of steps the service had taken in response to the pandemic to help promote a safe environment. This included ensuring that there was a locked door system in place to restrict walk-in patients, limiting the use of waiting areas, and displaying signage around the clinic to ensure social distancing.

These steps were supported by a COVID-19 risk assessment, which was comprehensive and included appropriate actions. The registered manager confirmed that these actions had been implemented and we noted that all staff had signed the risk assessment to confirm their understanding.

The registered manager described how patient privacy and dignity is maintained. This included making sure that patients are familiar with the changes to treatments due to COVID-19 and by respecting their personal space before and after treatment has been provided. We were told that there is a lockable door to ensure that treatments can be provided safely and with consideration towards patient dignity.

We saw evidence to confirm that the fire extinguishers had been serviced within the last 12 months. The registered manager confirmed that there was a fire detection system installed on the premises and that staff had received training in the evacuation plan.

We confirmed that there was a valid public liability insurance certificate in place

No areas for improvements were identified.

Infection prevention and control

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:

The registered manager described a number of IPC related changes that had been made in response to the pandemic. This included staggering appointments to allow additional cleaning time, placing hand hygiene stations throughout the clinic and ensuring that carpets are professionally cleaned.

We were told that IPC updates are shared with the team through daily staff meetings and that the small team structure helped to share these updates quickly and effectively.

We confirmed that checklists are provided in each treatment area to ensure that staff are aware of what steps need to be taken at the end of each day. The registered manager confirmed that laser equipment and beds are cleaned between appointments.

These arrangements were supported by a comprehensive COVID-19 risk assessment, which all staff had signed to confirm their understanding. There was an IPC policy in place, however, this lacked the comprehensive detail displayed within the risk assessment. The setting is advised to review their IPC policy to ensure that it contains the necessary detail.

The following areas for improvement were identified:

The registered manager confirmed that appropriate PPE was available to all staff. However, we were told re-usable face masks are provided to patients who forget their own mask. Whilst we were provided with a procedure outlining the how these are laundered on site, the setting is advised to consider the continued use of reusable masks. This is due to maximum wash limits and the risk of degrading materials, which may impact upon the effectiveness of the masks.

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:

- Staff training records
- Safeguarding policy and procedures
- Various policies and procedures

The following positive evidence was received:

The registered manager demonstrated a good level of knowledge in relation to the care and treatments being provided at the setting. The setting itself was supported by a small, but longstanding team.

The registered manager described the checks that would be completed on new staff to ensure their suitability. This included conducting interviews, obtaining references and undertaking disclosure and barring service (DBS) checks.

The following areas for improvement were identified:

We found that an adult safeguarding policy was in place, which contained details of the local authority safeguarding team. However, we recommend that refresher training is completed by two members of staff, as their training was last undertaken in 2014. The setting is also advised to familiarise themselves with the All Wales Safeguarding Procedures¹ when next reviewing their policy and training needs.

We found that a number of policies and procedures did not contain a date of last or next review. This should be included on all policies and procedures to ensure that they are reviewed on at least an annual basis.

¹ <https://www.safeguarding.wales>

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 key documents we reviewed included:

- Informed consent policies / procedures
- Laser / IPL treatment protocols and local rules
- Laser Protection Advisor (LPA) contract
- Laser / IPL servicing certificates

The following positive evidence was received:

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. This includes providing patients with written leaflets and allowing potential patients time to consider their treatment options.

Medical histories are collected as part of the consultation to ensure suitability of the chosen treatment. The registered manager confirmed that treatment protocols and suitable medical advice would be sought if there was any doubt as to the suitability of a chosen treatment.

We found that consent is 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.

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic to ensure that safe and effective care is provided. We found:

- Treatment protocols had been recently reviewed by a GMC registered professional and the registered manager confirmed that these were available in each clinic for staff to refer to
- Laser equipment had been recently serviced and follow-up actions had been completed
- A Laser Protection Advisor (LPA) was appointed and the service was aware of how they would contact them if advice on the safe use of the laser equipment was needed
- Core of Knowledge² training had been completed by all laser operators.

Recently reviewed local rules were not available at the time of the quality check taking place. However, we were assured that LPA advice was readily accessible and we were

² Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

provided with reviewed local rules immediately following the quality check.

No areas for improvements were identified.

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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Improvement plan

Setting: The Bay Laser and Beauty Clinic

Date of activity: 21 July 2021

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 setting should review the continued use of reusable masks. This is due to maximum wash limits and the risk of degrading materials, which may impact upon the effectiveness of the masks.	Regulation 15	Following from this observation, all clients will continue to be encouraged to bring their own masks, however where this may have been overlooked, a disposable mask will be provided and the client will be told to take this with them when leaving the premises. We have updated our policy for this	C Green	Immediate effect 09/08/2021
2	The setting must ensure that refresher training is completed by two members of staff, as their training was last undertaken in	Regulations 21 / 9	Safeguarding course booked for 18 th January 2022	C Green	Effective from 09/08/2021

	2014. The setting is also advised to familiarise themselves with the All Wales Safeguarding Procedures ³ when next reviewing their policy and training needs.				
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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:

Date:

³ <https://www.safeguarding.wales>