

Quality Check Summary

The Cosmetik Clinic

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Cosmetik Clinic as part of its programme of assurance work. The service is located in Swansea and offers a range of services for adults, including face and body hair removal, stretch mark treatment and acne scarring.

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 Health and Care Standards 2015 (and other relevant regulations). 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 6 January 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?
- 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:

- Environmental risk assessment
- Fire safety policy / procedures

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. These included hand sanitising stations throughout the clinic, a one way system for entering and exiting the premises and staff directing patients to specific seats in the waiting area to ensure social distancing. The setting is operating under a locked door system whereby patients use a buzzer to inform staff of their arrival. We were also told that appropriate Personal Protective Equipment (PPE) is being used and patients are asked to wear a mask, unless they are exempt

We were told that the service received and implemented guidance and advice from the government as well as from their Laser Protection Adviser (LPA). The advice has enabled them to carry out the above changes, which help provide a safer environment for staff and patients.

We saw evidence to confirm an environmental risk assessment had been completed in December 2021. We also saw a complete and up to date fire policy for the setting.

Dignity and confidentiality are preserved as there are separate treatment rooms in the clinic and only one patient is in a room at a time. Staff will only discuss treatments with patients in the privacy of the treatment rooms and always make sure patients are covered as much as possible during procedures.

The following areas for improvement were identified:

We were told that the clinic does not routinely offer bilingual information and services to their patients but that this has not been requested to date.

We recommend that the registered provider put a policy in place that outlines how they provide information to patients. This policy should set out how the service is going to approach the need to communicate and provide information in Welsh should a patient

request it.

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:

- Infection Prevention and Control (IPC) policy / procedures.

The following positive evidence was received:

We reviewed the IPC policy which appeared to be complete and up to date.

The registered manager described a range of steps the service had taken in response to the pandemic to help promote good Infection Prevention and Control (IPC) practices. These included the use of appropriate PPE by staff and clients at all times, taking each patient's temperature upon arrival and a deep cleaning schedule to be completed after each patient.

We were informed that all staff have completed relevant IPC, COVID-19 and PPE training. Government guidelines have been followed closely, with the practice manager informing staff and delivering training around any new guidance. .

No areas for improvements were identified.

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:

- Latest Statement of Purpose
- Latest Patient Information Leaflet

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- Expert medical protocol
 - Informed consent policy
 - Blank patient consent form template
 - Blank medical history template
 - Laser Protection Advisor (LPA) contract
 - Most recent Local Rules
 - Most recent laser service and calibration record
 - Insurance liability certificate
 - Laser equipment training certificates for all laser operators
 - Core of Knowledge certificates for all laser operators
 - Safeguarding policy and safeguarding certificates.

The following positive evidence was received:

We were provided with evidence to confirm that all laser operators had attended the Core of Knowledge course for continuing professional development. Certificates were also provided that confirmed staff had successfully completed training in the use of the laser.

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. We also saw certification that the laser operators had completed level 2 safeguarding training.

We were told of the checks that would be completed if new staff were to start at the studio to ensure their suitability. This included DBS checks for all laser operators as required by the regulations and we received confirmation that these checks had been undertaken.

We were provided with the latest copy of the services' statement of purpose which contained all the relevant information required by the regulations.

The following areas for improvement were identified:

When discussing staff member's ability to recognise and respond to any issues relating to adult (or child) safeguarding, it was clear that there wasn't sufficient knowledge about how to make a safeguarding referral to the local safeguarding team, should it be required. We recommended that the registered manager review their safeguarding policy to include the contact details of the local authority safeguarding team. In addition, consideration should also be given towards the advice, guidance and legislation referenced in the All-Wales safeguarding procedures.

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 patients have a face-to-face consultation with a staff member prior to the start of any treatment. This includes providing patients with information 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. These are checked and signed by the patient for any changes before any additional treatment.

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

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

- Local rules were in place and written by a Laser Protection Adviser (LPA). The local rules included the instructions for the safe use of lasers in line with legislation, standards and guidance
- Laser equipment had been recently serviced and re-calibrated
- Core of Knowledge¹ training had completed.

No areas for improvements were identified.

¹ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

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 Cosmetik Clinic*

Date of activity: 6th January 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 | We recommend that the registered provider put a policy in place that outlines how they provide information to patients. This policy should set out how the service is going to approach the need to communicate and provide information in Welsh should a patient request it. | Standard 18 - National Minimum Standards Regulation 9 (1) (g) - Independent Health Care Regulations 2011 | We have created a Welsh Language Policy document (uploaded). We have spoken to Language line and we have sent them a copy of the laser form to enquire about creating a Welsh language version of the form. We have also updated our website to provide the option of viewing the contents in the Welsh language. | Sian Batcup | 26.02.2022 |
| 2 | We recommended that the registered manager review their safeguarding policy to include the contact details of the local | National Minimum Standards - Standard 11 Safeguarding | I have held a refresher training day and communicated how to report safeguarding concerns to the team. The safeguarding policy has also been updated to include a link to: | Sian Batcup | Refresher scheduled 01/07/2022 |

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|--|---|---|---|--|--|
| | <p>authority safeguarding team. In addition, consideration should also be given towards the advice, guidance and legislation referenced in the All-Wales safeguarding procedures.</p> | <p>children & vulnerable adults</p> <p>The Independent Health Care Regulations 2011 - Regulation 16 (3) (a)</p> | <p>www.swansea.gov.uk/safeguardingadults</p> <p>Training refresher days are to be held every six months and this will be logged confirming understanding by each employee.</p> | | |
|--|---|---|---|--|--|

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: Sian Batcup

Date: 26/01/2022