

Independent Healthcare Inspection Report (Announced)

CosmeticliniC, Caerphilly

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of CosmeticliniC Company on 26 September 2022.

Our team for the inspection comprised of two HIW Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that CosmeticliniC were committed to providing a positive, friendly, and professional service to their clients. A review of feedback left on the clinic website demonstrated that clients were happy with the service they had received.

We found that appropriate arrangements were in place to protect the privacy, dignity and confidentiality of clients. Sufficient information regarding the treatments available, along with pre- and post-treatment instructions was also readily available.

We saw that the clinic had in place an Equality and Diversity policy however this was seven years out of date and required renewal.

Additionally, as the clinic is situated on the first floor, we would recommend that the clinic advise potential clients of the accessibility difficulties via the clinic website.

Immediate assurances:

- During our visit we asked the registered manager to provide us with evidence that they were actively monitoring the quality of the service they provided to clients. We were told that although patients could leave feedback on the website, no formal method to assess the clinic was used.

This is what we recommend the service can improve

- Ensure clients are made aware via the clinic website that the clinic is not accessible for clients with accessibility difficulties
- Consider the communication needs of clients to ensure that information provided by the clinic is sensitive to language or communication difficulties
- Gather regular feedback from clients in a standardised manner to ensure the service continues to provide a quality service to clients

This is what the service did well:

- Welcoming environment that is bright, airy, and modern.

Safe and Effective Care

Overall summary:

We found that the clinic had in place suitable arrangements for the maintenance and on-going safety of the laser equipment.

We reviewed a selection of client records and saw that they contained consent forms and a record of the laser treatment provided at the clinic. However, medical history forms, whilst present, had been completed by the client and did not always appear to be comprehensive in nature.

However, we found that the clients were put at risk as there was not appropriate provisions for fire risk assessment and safety; there was not an electrical wiring check and nor a gas safety certificate. Furthermore, portable appliance testing (PAT) had not been carried out on all portable electrical equipment at the setting, including the laser equipment present at the clinic.

Improvements were required within infection prevention and control processes and the safeguarding of vulnerable and at-risk adults to prevent the risks associated with healthcare associated infection and abuse respectively.

Immediate assurances:

- HIW were not assured that the premises used for the laser clinic were appropriately maintained to ensure a safe environment for clients. This included no risk assessments and provisions in the case of a fire, no valid gas safety certificate, no five-yearly wiring check, and there was not evidence of in date PAT testing of portable electrical equipment to include the laser equipment
- HIW were not assured that the laser clinic had in place suitable policies or training to ensure that vulnerable and at-risk adults were appropriately safeguarded from the risk of abuse. The policy provided to us did not contain sufficient detail specific to the clinic and the area in which it operated and local safeguarding contacts were not present. Furthermore, we were not provided with evidence of suitable safeguarding training to level two
- HIW were not assured that the medical histories recorded in the client records were suitably comprehensive and/or updated appropriately at each treatment session. Medical histories were provided to clients to complete, but guidance for this was not clear. Dates of completion were not recorded on the medical history form, and it was not clear when they had been updated
- HIW were not assured that the clinic had in place effective and robust systems to protect clients from the risk of acquiring a healthcare associated infection.

The registered manager and laser operator was unable to provide us with a suitable IPC policy that had been reviewed and updated within the last three years. Additionally, the cleaning schedule and checklist had not been completed to demonstrate cleaning of the clinical environment

- Observation of the clinical environment demonstrated poor IPC practices. These included the inappropriate storage of clinical items exposing them to the risk of aerosol or droplet contamination and dust. Items of food and drink were found within clinical treatment rooms among items used for minor surgical procedures. The sink within the laser room was found to be stained and required cleaning
- HIW were not assured that the laser clinic had in place suitable first aid arrangements. The first aid kit at the clinic contained only a handful of bandages. These had expired in 2008 and required replacement. The registered manager provided us with an emergency medicine kit. We found this to contain aspirin that had expired seven months prior to our visit. Additionally, the label listing the contents of the kit did not contain up to date information about the medicines held within it. The registered manager was unable to demonstrate at the time of our visit, appropriate training in first aid.

This is what we recommend the service can improve

- Ensure an appropriate fire risk assessment is completed. Actions and precautions indicated within this must be implemented in a prompt and timely manner
- Arrange for building maintenance checks to be completed to include a gas safety check, five-yearly wiring check and PAT testing of all portable electrical equipment at the clinic
- Review the existing safeguarding policy. This should be site-specific and include a procedure and local contact list.
- Evidence of safeguarding training to level two for adults must also be completed
- Implement a medical history form that is clear and allows the recording of dates of medical history checks
- Implement the cleaning checklist to ensure adherence to the clinic cleaning schedule
- Store clinical items appropriately
- Have in place an appropriately stocked first aid kit and regularly renewed first aid training
- Ensure safety eyewear for the laser machine complies with that specified.

This is what the service did well:

- We saw consistent evidence of skin patch testing prior to any treatment
- The clinic had in place an appropriately completed treatment register for the laser
- Up to date equipment servicing and regular calibration checks for the laser
- Recently renewed Local Rules and evidence of a qualified Laser Protection Advisor.

Quality of Management and Leadership

Overall summary:

Overall, we found the registered manager and laser operator were enthusiastic and knowledgeable of the treatments offered at the laser clinic. The registered manager showed willing to comply with the regulations to provide clients with a safe and quality service.

Client records were stored appropriately and in line with guidelines and the registered manager provided evidence of a current disclosure and barring service (DBS) certificate.

There were some issues that required improvements.

Immediate assurances:

- HIW were not assured that the laser clinic had in place a suitable system to monitor and assess the quality of service offered at the laser clinic
- The registered manager had not completed an annual return as required by regulation 19 of the Independent Healthcare Regulations 2011.

This is what we recommend the service can improve

- Compile an annual report as set out in regulation 19 of the Independent Healthcare Regulations 2011 and provide this to HIW
- Renew and update clinic policies and procedures to ensure these are site specific and relevant to the clinic and the services offered
- Ensure the clinic has in place written terms to outline the terms of engagement of staff ordinarily employed by the medical practice on the ground floor of the building
- Update the patients' guide and statement of purpose

This is what the service did well:

- A tailored service to suit the client and their needs
- Strict adherence to laser safety requirements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. We did not receive any completed questionnaires.

Dignity and respect

We saw that CosmeticliniC had three rooms available for treating clients. We were told by the registered manager that the clinic operated on an appointment only basis. The clinic had separate rooms for each type of treatment offered with one used strictly as a consulting room, another dedicated for treatments with the laser and the third for minor surgical procedures. We saw that there was also a dedicated waiting area.

The registered manager informed us that the doors to treatment rooms were kept closed when in use to preserve client privacy and dignity and each room had appropriate window coverings.

We were told that a chaperone would be provided by the clinic if necessary. Clients were also able to request that a friend or family member accompany them should they wish.

Communicating effectively

The registered manager provided us with a copy of the patient guide, and we reviewed the statement of purpose. Both documents required review and amendment having not been reviewed since 2018.

Whilst the clinic did have large print versions of the patient guide and complaints policy, information concerning the treatments available was not available in a range of formats for those with communication difficulties or who may not have English as their first language.

Patient information and consent

We saw evidence that sufficient information was provided to clients to make an informed decision concerning their treatment. Information was available to clients

via leaflets and the clinic website, which explained the treatments on offer. Further information was provided verbally to clients during the consultation process.

We were provided with evidence of consent to treatment forms. These were comprehensive and included the price for the treatment that was being consented to. Forms were signed by both the client and the laser operator.

Although costs were available individually as part of the consent process, we were informed by the registered manager that prices advertised in the clinic and on the website were not accurate and that they had increased recently. This could prove confusing for clients and requires amending.

We were told by the registered manager that clients would receive pre and post treatment instructions. This would also be provided verbally to clients at each stage.

Care planning and provision

We saw evidence that all clients received a face-to-face consultation before agreeing to treatment. We saw evidence that during this appointment, medical histories would be completed by the client.

During the inspection, we reviewed a sample of four client records. These were hard copy only and provided adequate details of treatment undertaken although this was at times, difficult to read due to the handwritten format.

Equality, diversity, and human rights

We asked the registered manager to tell us how equality, diversity and human rights were upheld at the clinic. We were told that the clinic welcomed everyone irrespective of any protected characteristic. Also, we were told that the human rights of transgender clients would be actively upheld, and preferred pronouns were used for these clients. We saw that the clinic had an equality and diversity policy in place, although we noted that this had not been updated since 2018 and required review.

The clinic was located on the first floor of a health centre and access was only available via a set of stairs. This meant that clients with mobility access difficulties would not be able to access the clinic. Although this was noted in the patient guide, this was not routinely provided to clients. Furthermore, the accessibility difficulties were not noted on the clinic website.

Citizen engagement and feedback

Clients were able to leave feedback on the clinic website. This could be left anonymously.

However, we were told that the clinic did not routinely gather client feedback and comments left on the website were not displayed within the clinic for others to see.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally. Most rooms within the clinic appeared clutter-free and free from trip hazards. The waiting room was a good size, comfortable, light and airy. Treatment rooms were modern in appearance and appeared well equipped. However, the consultation room contained equipment that was no longer in use. This included a medication fridge and an ultrasound machine.

We were not provided with evidence of recent portable appliance testing (PAT). We saw that this had not been completed since 2015 and included the laser in use at the clinic. Furthermore, we were not provided with evidence of a recently completed five yearly wiring check or gas safety certificate for the boiler present at the clinic.

We asked the registered manager to provide us with their most recent fire risk assessments and documentation. The registered manager was unable to provide this and could not provide a date for when this was last completed. We saw that the room containing the laser did have a CO2 fire extinguisher as required by the Local Rules, this had been recently tested however was not fixed appropriately to the wall posing a hazard to staff, clients and visitors.

We saw evidence of a recently completed risk assessment that had been completed by a Laser Protection Advisor (LPA). This indicated good compliance with the requirements of use for the laser present at the clinic, however the safety glasses in use at the clinic was not compliant with the Local Rules.

We found that the clinic did not have a suitable first aid kit in place at the clinic. We noted that the kit in place contained only a handful of crepe bandages and no other items. Furthermore, these bandages expired for use in 2008.

The registered manager provided us with an emergency drugs kit for the clinic. This contained expired aspirin and a list of contents that did not match the items within the kit.

Infection prevention and control (IPC) and decontamination

The clinic did not have an infection prevention and control policy in place at the time of our visit and we were not provided with a hand hygiene policy. We were told that the registered manager or a member of staff would clean the premises when it was open. However, despite being provided with a cleaning schedule and checklist, the checklist had not been completed and no evidence was provided that this had been done.

During our visit we found areas of significant concern around the cleanliness of the clinic. This included food and drink items stored within clinical drawers in treatment rooms. We saw that champagne flutes and glasses were stored within a cupboard in the laser room. Furthermore, items used in clinical treatments such as gauze swabs and face masks, were stored inappropriately and open to contamination from aerosols or droplets.

We were told that the clinic had closed entirely during the pandemic and had only reopened at the start of 2022. This was confirmed by the treatment register. The registered manager informed us that should a client attend displaying symptoms of respiratory illness, they would be advised to rebook and would not be seen that day.

We reviewed the arrangements for the storage and collection of waste. The registered manager informed us that an informal arrangement was in place with the health centre on the ground floor. All clinical, sharps and domestic waste would be disposed of via this means.

Safeguarding children and safeguarding vulnerable adults

CosmeticliniC is registered to provide treatment to clients over the age of 18 only. The registered manager confirmed that this was adhered to and that children were not allowed to be present at the laser clinic at any time.

However, we were unable to see that evidence of an appropriate level of adult safeguarding training had been completed by the registered manager. Our review of the adult safeguarding policy found this to be lacking detail and requiring review. No details were present for the local safeguarding team or whom to contact for advice if such abuse was suspected.

Medical devices, equipment, and diagnostic systems

CosmeticliniC was registered to use a Fotana QX Max class 4 laser for the purposes of tattoo removal, skin pigmentation treatment, the treatment of thread veins and hair removal.

We were assured to see that the laser/IPL machine was regularly serviced and calibrated to ensure it performed safely, consistently, and as expected. Calibration tests would be carried out prior to use.

We saw that a contract was in place with an LPA to provide expert safety advice on the day-to-day operational use of the laser/IPL machine. Local Rules that had been reviewed by the LPA were also provided to us. This was in keeping with the clinic's conditions of registration with HIW.

Safe and clinically effective care

We inspected the eye protection available for use by clients, the laser operator and chaperone when undergoing treatment. We saw that this was in good condition and included eye block protection.

We saw evidence within the client records that skin patch tests had been carried out prior to treatment to ensure they were suitable for treatment.

The treatment room was fitted with a keypad lock and a 'do not enter' sign that was illuminated when the laser was in use to prevent unauthorised access. The registered manager was the only named operator of the laser and the key to operate the laser machine was always kept on their person.

Records management

We saw that clients were asked to fill in a medical history and personal details form prior to their initial treatment. We were told that this was checked by the registered manager.

The client records and treatment register were kept within a locked cupboard to ensure security and confidentiality. All records were handwritten, and no records were kept electronically. We were told that access to the records was limited to the registered manager.

Quality of Management and Leadership

Governance and accountability framework

CosmeticliniC was owned and run on a day-to-day basis by the registered manager who was the only authorised laser operator. We saw that a current HIW registration certificate was displayed behind the reception desk. We were provided with evidence of a current liability insurance certificate.

The laser clinic had a range of policies and procedures available. However, these had been provided by the LPA and had not been reviewed or updated since

September 2015. Additionally, they were broad in nature and not always specific to the laser clinic.

Dealing with concerns and managing incidents

We asked the registered manager to describe the systems in place should a client wish to make a complaint. We saw that the clinic had in place a complaints procedure. This contained details of the time scale for a response and details of how to escalate a complaint to HIW, although a review of the contact details for HIW was required.

The registered manager stated that they would encourage those with informal or verbal complaints to put them in writing, if possible, so that a suitable response could be provided.

We saw that the registered manager had a complaints log available. At the time of our visit, no complaints had been logged.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate disclosure and barring service (DBS) check in place.

The clinic did not formally employ any staff and accordingly we did not see evidence of induction training. We were told that should a receptionist or chaperone be required, a member of staff from the health centre on the ground floor of the building would be able to assist. The clinic did not have a formal written agreement in place to describe the terms of engagement for this member of staff. It was not clear therefore who was responsible for remuneration for hours worked at the clinic. Furthermore, the clinic did not hold any confirmation of an appropriate DBS check for this employee or up to date safeguarding training. To prevent confusion and aid accountability, we would suggest that a formal written agreement be put in place outlining the responsibilities of this member of staff to the clinic. This should also include details of remuneration.

Workforce planning and training

We saw evidence that the registered manager had completed Core of Knowledge training and manufacturer training in the use of the laser machine. Additionally, the registered manager held a BTEC qualification in Laser and Light.

The registered manager was a retired GP, and we were told that they had received training in mandatory subjects via their previous role at the health centre on the ground floor. However, at the time of our visit, we were not provided with evidence of this or of recent training in first aid.

We noted that at the time of our visit, the registered manager was offering medical Botox as part of their services at the clinic. As a GP, this is a service that was registerable under the Care Standards Act 2000 and must, therefore not be offered without first registering with HIW. We advised the registered manager to cease this service immediately and to register with HIW should they wish to continue to offer this service.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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
The local rules were not signed and dated by the laser operator.	Local rules must be signed to indicate compliance with the safe operation of the laser equipment.	The inspector raised this issue with the registered manager and explained the requirement for them to be signed.	The local rules were signed by the laser operator during our visit.
The clinic was offering medical botox treatments for clients. This is a service that must first be registered with HIW prior to being given.	The unregistered provision of a registerable service is an offence under section 24 of The Care Standards Act 2000. Providing an unregistered service therefore removes safeguards in place for patients and clients that	The inspector raised with the registered manager the requirement for this service to be registered prior to the provision to clients. The inspector requested that the	The registered manager confirmed that the provision of medical Botox would be ceased and a registration application provided to HIW.

	are written into the Independent Healthcare (Wales) Regulations 2011.	registered manager cease to offer medical Botox to clients until registered with HIW.	
Food and drink items were found within clinical areas.	This could put staff and clients at risk of a healthcare associated infection.	The inspection manager brought this issue to the attention of the registered manager.	Items of food and drink were removed from the clinical and treatment areas.
Expired medicines and first aid equipment were found within the emergency medicines and first aid kit located at the clinic.	This could cause untoward harm should they be provided to a client.	The registered manager was made aware of our findings and the implications.	Expired medicines and equipment were removed from the clinic.
A gravy jar of white powder was observed to be present within the laser treatment room. This jar was not labelled and did not contain details of expiry dates or handling instructions.	Failure to label appropriately could mean that this item might be ingested or used in a manner that it should not.	The registered manager was made aware of our findings and their implications.	The registered manager informed the inspector that this was starch used for providing Botox for hyperhidrosis. They agreed that as they would be ceasing treatment, this jar would be removed from the clinic.

Appendix B - Immediate improvement plan

Service: CosmeticliniC, Caerphilly

Date of inspection: 26 September 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered person must immediately arrange for the following checks to be carried out on the premises:</p> <ul style="list-style-type: none">• Gas safety check• Five-yearly wiring check• PAT testing of all portable appliances at the clinic including the Class 4 Fotana QX Max laser.	Regulation 26(2a) and 26(4a-f) of the Independent Healthcare Regulations 2011	I have contacted the engineers to complete Gas safety Check, fire risk assessment, 5 yearly wiring check and PAT testing during the next 3 weeks. PAT testing will apply to all electrical appliances in the clinic inclusive of Foton QX-Max laser machine.	Dr Kaushal	Three weeks

The registered person must also immediately arrange to conduct a fire risk assessment for the premises and implement recommendations made in a prompt and timely manner according to the assessment.				
<p>The registered person must update and amend the safeguarding policy to ensure a robust process is in place to protect those at risk of abuse. This should include the contact details for the safeguarding teams at the local authority.</p> <p>The registered person must also provide HIW with evidence of safeguarding training to level two undertaken within the last five years.</p>	Regulation 16(1a-b) of the Independent Healthcare Regulations 2011	<p>This Policy has been updated and a copy has been enclosed.</p> <p>The following training has been attained/booked:</p>	Dr Kaushal	Dr Kaushal
The responsible person must ensure that that full, proper medical histories are captured, and these are updated at each visit prior to undergoing treatment at the clinic.	Regulation 23(1)(a)(ii) of the Independent Healthcare Regulations 2011	This has been noted at the time of inspection. Clients coming for laser treatment will complete new history everytime they attend. It will be in detail and dated and signed.	Dr Kaushal	This action completed

Medical histories should be dated and signed by the treating practitioner at each appointment.				
<p>The responsible person must:</p> <ul style="list-style-type: none"> • Ensure they have an infection control policy and procedure appropriate to their clinic • Implement cleaning schedules and record when the tasks within it are completed to ensure all areas are appropriately cleaned • Store clinical items correctly to prevent the risk of clients acquiring a healthcare associated infection. • Remove items of food and drink from clinical areas of the clinic • Ensure disposable instruments are disposed of correctly and not stored within drawers. Instruments requiring 	Regulation 15(7a,b), 15(8a,c i-iii) of the Independent Healthcare Regulations 2011	<p>A copy of the Infection Control Policy is enclosed. This is appropriate for our Clinic. I am also attaching a copy of the cleaning schedule.</p> <p>All other actions have also been addressed.</p>	Dr Kaushal	Completed

<p>reprocessing must be treated appropriately prior to doing so</p> <ul style="list-style-type: none"> • Ensure sinks and handwashing facilities are regularly cleaned. 				
<p>The registered person must ensure:</p> <ul style="list-style-type: none"> • An appropriately stocked first aid kit is always present at the laser clinic • Dates are regularly checked and items due to expire are replaced promptly • Evidence of recent first aid training is provided to HIW. 	<p>Regulation 26(2a) of the Independent Healthcare Regulations 2011</p>	<p>I am waiting for the local pharmacist to deliver First-Aid Kit for the clinic</p> <p>I am waiting for the link to complete First Aid training link from my practice manager. Once completed certificate copy will be uploaded.</p> <p>Expiry dates of all medications , needles, syringes and instruments have been checked and expired instruments removed</p>	<p>Dr Kaushal</p>	<p>One week</p>
<p>The registered person must ensure client feedback is gathered in a structured and consistent manner. This should be assessed for emerging themes or trends to contribute to the ongoing improvement of the service.</p>	<p>Regulation 19 of the Independent Healthcare Regulations 2011</p>	<p>A copy of our feedback survey has been enclosed. There has been a delay in the most recent commencement of this survey due to closure resulting from the Pandemic etc. However, we have now reissued this survey and will be collating its findings accordingly.</p>	<p>Dr Kaushal</p>	

The registered person must compile a report as set out in regulation 19 of the Independent Healthcare Regulations 2011. This must be repeated on an annual basis and provided to HIW upon request.

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):

Job role:

Date:

Appendix C - Improvement plan

Service: CosmeticliniC, Caerphilly

Date of inspection: 26 September 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure that costs for treatments are current, accurate and displayed on the website and within the clinic for clients to see.	Regulation 9 The Independent Healthcare (Wales) Regulations 2011	The price list has been updates on the website and a copy is on display in the clinic	Dr Subhash Kaushal	completed
The registered manager must update the patients' guide and statement of purpose. This should be provided on the clinic website where available and reviewed yearly.	Regulation 6,7 and 8 The Independent Healthcare (Wales) Regulations 2011	The patient's guide has been updated. It is available in the clinic. I am waiting for web engineer to update on website if possible	Dr Subhash Kaushal	completed
The registered manager must ensure that clients are aware of the accessibility difficulties when	Regulation 18 The Independent Healthcare	I have contacted web site software engineer. To add this	Dr Subhash Kaushal	One month

accessing the clinic. This should be clearly visible on the clinic website and within the patients' guide.	(Wales) Regulations 2011	information to web site for the benefit of patients.		
The registered manager must ensure that information is available to clients in a manner that meets their individual needs where possible (E.g., easy-read, Welsh language).	Regulation 18 The Independent Healthcare (Wales) Regulations 2011	Information for patients is available in English. I am waiting for the response from Lasermet to make it available in Welsh as well.	Dr Subhash Kaushal	One month
The registered manager must review and update their complaints policy and ensure it contains the up-to-date contact details for HIW.	Regulation 24 The Independent Healthcare (Wales) Regulations 2011	It has been updated	Dr Subhash Kaushal	completed
The registered manager must cease to offer medical botox treatments until registered with HIW.	Section 24 The Care Standards Act 2000, Section 15(1b) and 15(1d) The Independent Healthcare (Wales) Regulations 2011	Hyperhidrosis and Botox for Medical condition is no more available. Website has been updated. Only Botox treatment for aesthetic purpose is available.	Dr Subhash Kaushal	completed

The registered manager must review the safety eyewear provided when using the laser, to ensure it complies with that specified by the Local Rules and/or LPA.	Regulation 45(3d) The Independent Healthcare (Wales) Regulations 2011	Eye wear for laser has been checked by LPA at the last visit	Dr Subhash Kaushal	Completed
The registered manager must ensure they have a robust hand hygiene policy	Regulation 7 & 8 The Independent Healthcare (Wales) Regulations 2011	Hygiene policy has been updated and is available to the person cleaning the clinic. Person cleaning the clinic will complete work sheet at each cleaning session	Dr Subhash Kaushal	Completed
<p>The registered manager must ensure all policies required by the Independent Healthcare (Wales) Regulations (2011) are:</p> <ul style="list-style-type: none"> • Renewed every 3 years • Relevant and specific to the services and location of the clinic 	Regulation 9 The Independent Healthcare (Wales) Regulations 2011	Lasermet is supporting the clinic for updating these policies. These will be updated every 3 years. I have sent a copy of improvement plan (uncompleted) to Lasermet)	Dr Subhash Kaushal	completed
The registered manager must ensure that feedback provided by	Regulation 19(e) The Independent	All feedbacks by clients are submitted by website and	Dr Subhash Kaushal	Completed

clients is displayed for clients to see within the clinic and on the website	Healthcare (Wales) Regulations 2011	updated on the website for clients to read. I will issue feedback forms to be completed by clients to keep in the clinic once returned.		
The registered manager must ensure unnecessary equipment that is no longer in use is removed from the clinic.	15(8ii) The Independent Healthcare (Wales) Regulations 2011	Un-necessary items not in use have been removed following inspection	Dr Subhash Kaushal	Completed
The registered manager must ensure that all fire extinguishers are securely fixed to the wall or floor.	Regulation 26(4) The Independent Healthcare (Wales) Regulations 2011	I am waiting for the engineer to call and fix it in a safe area and easily available in emergency situation.	Dr Subhash Kaushal	One month
<p>The registered manager must ensure that staff utilised from the medical clinic have in place:</p> <ul style="list-style-type: none"> An appropriate DBS check that is renewed in line with best practice 	Regulation 20 The Independent Healthcare (Wales) Regulations 2011	This policy has been implements.	Dr Subhash Kaushal	Completed

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|--|--|--|--|--|
| <ul style="list-style-type: none">• Appropriate safeguarding training to level two• A formal written agreement that covers the terms of employment within the laser clinic as well as responsibilities, a job description, and details of remuneration. | | | | |
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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.

Service representative

Name (print): Dr Subhash Kaushal

Job role: Managing Director

Date: October 24, 2022