

Independent Healthcare Inspection Report (Announced)

Vanity House of Beauty and Laser,
Menai Bridge

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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:

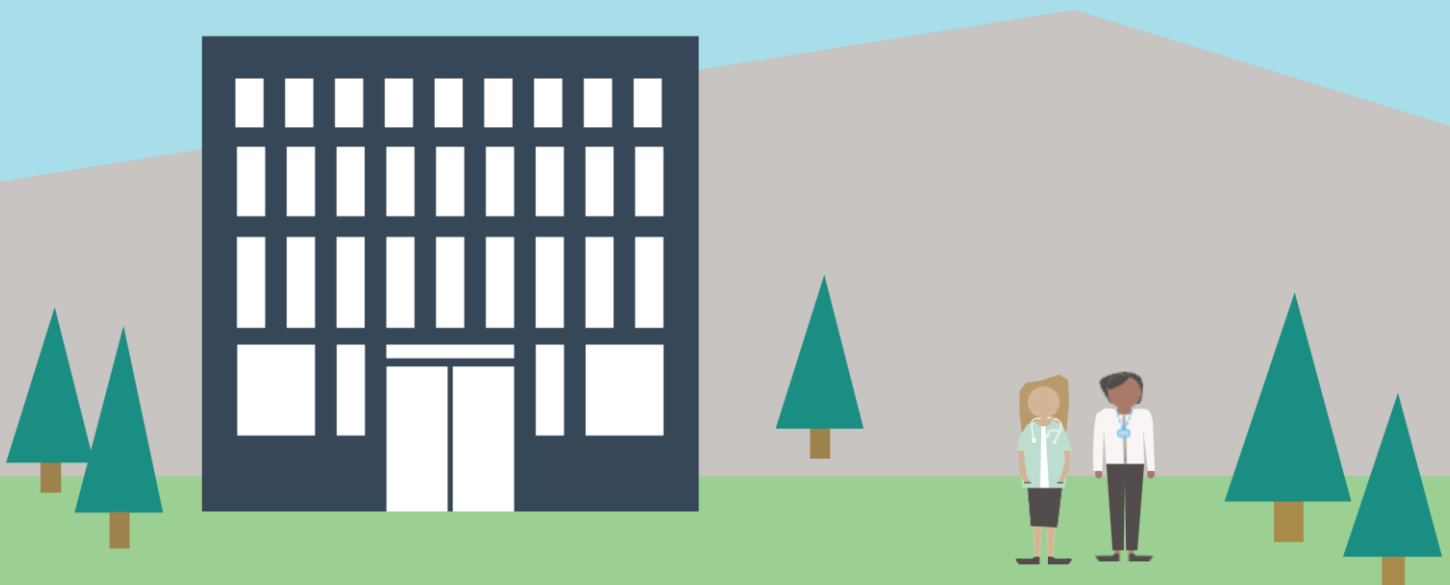
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Vanity House of Beauty and Laser on 1 March 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector.

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 Vanity House of Beauty and Laser was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- The clinic should implement a treatment register
- The clinic should introduce a formal system for seeking patient feedback.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Bilingual service offered.

Delivery of Safe and Effective Care

Overall summary:

We found that Vanity House of Beauty and Laser was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager was very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what we recommend the service can improve:

- Laser operator to renew fire safety training
- Review and update safeguarding policy
- Develop a risk management policy.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a high standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- Patients were satisfied with their treatments and services provided
- Patient notes were of a good standard.

Quality of Management and Leadership

Overall summary:

The day to day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care.

This is what the service did well:

- Authorised user of the laser machine had completed the Core of Knowledge training and training on how to use the laser machine
- Patient information was kept securely.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 4 responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Very professional and friendly.”

“Very professional.”

“(NAME) is so professional and extremely talented.”

Patients were asked in the questionnaire how the setting could improve the service it provides. One patient told us:

“No improvements needed.”

Health protection and improvement

To protect against the risk posed by the COVID-19 virus, we saw alcohol hand gel dispensers placed by the entrance.

All patients told us that, when attending the clinic, it was very evident that there were COVID compliant procedures in place.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

We saw that the door to the treatment room was lockable, and the registered manager confirmed they lock the door during treatment to maintain privacy. Patients were provided with towels to protect their dignity if required and patients were left alone to undress if necessary.

Consultations with patients were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that staff listened to them and answered any questions.

Communicating effectively

All patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic.

A statement of purpose and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered. However, we recommend that the service reviews the statement of purpose, ensuring that the registered manager's home address is replaced with the business address.

The service should review and ensure that the registered manager's home address is replaced with the business address.

We looked at a sample of five patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

The laser operator, who is the registered manager is a Welsh speaker, which helps to meet the needs of Welsh speaking patients.

Patient information and consent

All patients who completed a questionnaire agreed that the registered manager listen to them during their appointment and that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. Detailed patient information leaflets were available.

We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

Treatment information was recorded within individual patient files. However, no treatment register was being maintained.

The registered manager must implement and maintain a treatment register.

All patients who completed a questionnaire confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment.

Equality, diversity and human rights

There was good access to the building. Wheelchair users and patients with mobility issues could access the consulting room, toilet and washroom facilities.

Citizen engagement and feedback

We discussed the mechanism for seeking patient feedback. We were told that patients were able to provide feedback on the services provided at the end of each treatment and via social media outlets. However, no system was in place for patients to provide feedback anonymously.

We advised the service to consider developing some questionnaires for patients to provide feedback anonymously, which the registered manager agreed to consider.

The registered manager should introduce a formal system for seeking patient feedback anonymously.

The registered manager must ensure that patients are made aware of the results of any feedback by means of a summary included within the patients' guide.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use.

We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Weekly fire alarm tests and annual fire drills were taking place.

The registered manager confirmed that fire safety training had been undertaken. However, we noted that fire training was due for renewal.

The registered manager must ensure that fire safety training is renewed.

There was an emergency first aid kit available, and the registered manager was trained in first aid.

Infection prevention and control (IPC) and decontamination

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

We discussed the infection control arrangements with the registered manager, including daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean.

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

Safeguarding children and safeguarding vulnerable adults

The registered manager described how they would deal with any safeguarding issues. A policy was in place to safeguard vulnerable adults. There were clear procedures to follow in the event of any safeguarding concerns. However, the procedures did not include the local safeguarding referral team contact details.

The registered manager must ensure that the local safeguarding referral team contact details are included with the procedures.

Medical devices, equipment and diagnostic systems

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the laser operator.

Safe and clinically effective care

Eye protection was available for patients and the laser operator. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is used in order to prevent unauthorised access. We were told that the machine is kept secure at all times and can only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the LPA. However, no risk management policy was in place.

The registered manager must ensure that a risk management policy is developed.

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided. They also described the importance of post treatment observations and follow ups with patients to help provide improved individualised care throughout a course of treatment.

Records management

A sample of five patient records were reviewed. There was evidence that records were being maintained to a good standard, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, consent, areas treated, relevant parameters, shot count and details of any adverse effects. Records were detailed, clear, legible and of good quality.

Quality of Management and Leadership

Governance and accountability framework

Vanity House of Beauty and Laser is run by the registered manager who is the owner and sole authorised laser operator.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic has a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce planning, training and organisational development

We saw certificates showing that the registered manager, as the sole authorised laser operator, had completed Core of Knowledge training and manufacturer training in use of the registered laser machine.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.

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 summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Vanity House of Beauty and Laser

Date of inspection: 1 March 2023

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
No immediate improvement plan was required for this inspection.				

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: Vanity House of Beauty and Laser

Date of inspection: 1 March 2023

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 service should review the statement of purpose and ensure that the registered manager's home address is replaced with the business address.	The Independent Health Care (Wales) Regulations 2011, Section 6	Vanity has removed the previous address and replaced with business address.	Chelsea Ellison Registered Manager Owner	Completed 2-03-2023
The registered manager must implement and maintain a treatment register.	The Independent Health Care (Wales) Regulations 2011, Section 45 (2)	Chelsea will produce a document that will provide a full treatment register.	Chelsea Ellison Registered Manager Owner	Will be completed - 08-05-2023

<p>The registered manager should introduce a formal system for seeking patient feedback anonymously.</p> <p>The registered manager must ensure that patients are made aware of the results of any feedback by means of a summary included within the patients' guide.</p>	<p>The Independent Health Care (Wales) Regulations 2011, Section 19 (2) (e) and Section 7 (1) (e)</p>	<p>Chelsea will introduce a “Feedback” box outside the treatment room, were clients will have the understanding that all feedback is anonymous and will appear in Vanity’s Patients Guide.</p>	<p>Chelsea Ellison Registered Manager Owner</p>	<p>To be completed - 08-05-2023</p>
<p>The registered manager must ensure that fire safety training is renewed.</p>	<p>The Independent Health Care (Wales) Regulations 2011, Section 26 (4) (c)</p>	<p>The Registered Manager of Vanity has renewed the fire safety training.</p>	<p>Chelsea Ellison Registered Manager Owner</p>	<p>Completed 2-3-2023</p>
<p>The registered manager must ensure that the local safeguarding referral team contact details are included with the procedures.</p>	<p>The Independent Health Care (Wales) Regulations 2011, Section 16</p>	<p>The contact details of the local safeguarding referral team has been added to Vanity’s local safeguarding policy/procedure.</p>	<p>Chelsea Ellison Registered Manager Owner</p>	<p>Completed 2-3-2023</p>

The registered manager must ensure that a risk management policy is developed.	The Independent Health Care (Wales) Regulations 2011, Section 9 (e)	Chelsea Ellison has created a risk assessment policy.	Chelsea Ellison Registered Manager Owner	Completed 2-03-2023
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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): CHELSEA ELLISON
Job role: Registered Manager / Owner
Date: 25/04/2023