

# Independent Healthcare Inspection Report (Announced)

B's Aesthetics, Newport

Inspection date: 23 August 2023

Publication date: 23 November 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-83577-188-4

© Crown copyright 2023

# 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:

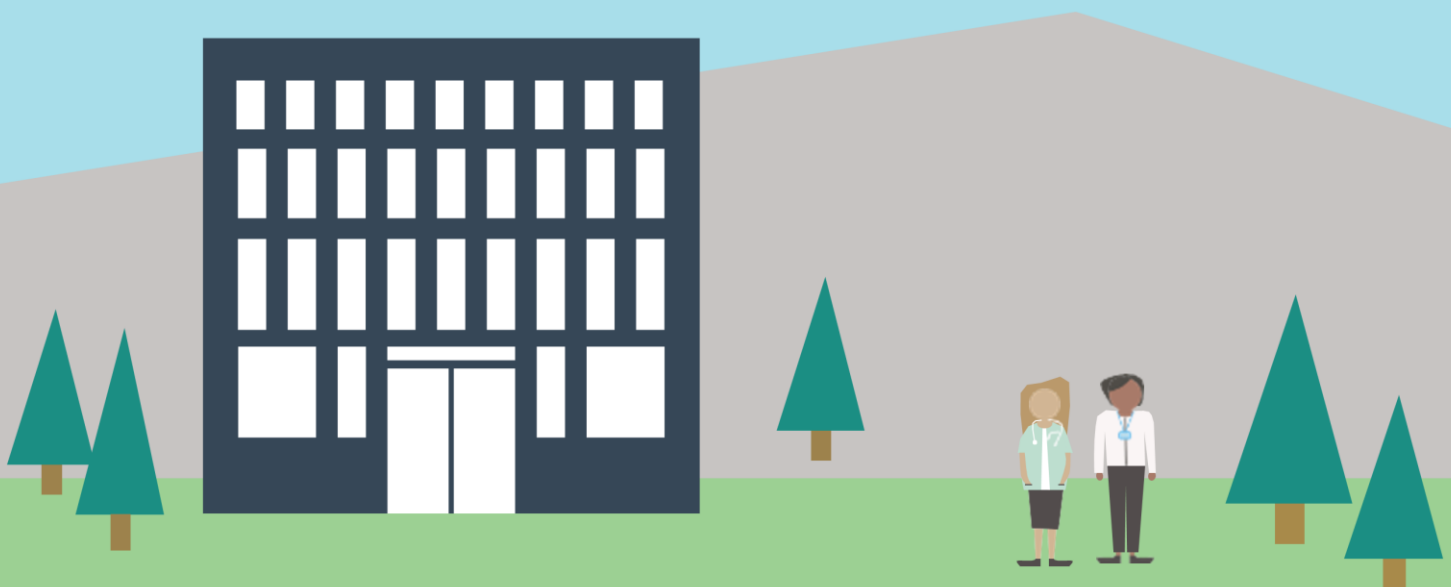
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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



# Contents

1. What we did .....	5
2. Summary of inspection .....	6
3. What we found .....	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership .....	15
4. Next steps.....	16
Appendix A - Summary of concerns resolved during the inspection .....	17
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan .....	19

# 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 B's Aesthetics, 6 Churchmead, Newport, NP10 8NA on 23 August 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of four were completed. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 B's Aesthetics was committed to providing a positive experience for their patients in a pleasant environment with friendly and professional staff.

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

We found feedback was obtained and acted upon as and when it was received, however there was no system for anonymous feedback to be obtained at the clinic until the inspection by HIW.

All respondents to the HIW questionnaire rated the service as very good.

This is what the service did well:

- Mental Capacity policy and process in place for considering the psychological and emotional wellbeing of their patients prior to treatment
- Newly built premises accessible for wheelchairs and patients with mobility issues.

### Delivery of Safe and Effective Care

Overall summary:

We found that B's Aesthetics was meeting the relevant regulations associated with the health, safety and welfare of staff and patients, although the Infection Prevention and Control (IPC) policy required updating.

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 Intense Pulsed Light (IPL) machine was used appropriately and safely, and that staff were suitably trained.

The registered manager was very knowledgeable, professional and demonstrated good 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:

- Up-to-date fire risk assessment must be dated to indicate when the assessment was conducted
- IPC policy to show the correct contact arrangements in event of exposure to blood borne infections and sharps injuries
- Daily IPL systems check logs to be kept to evidence IPL checks are being conducted
- Implement a documented process to regularly assess and monitor the quality of the services provided.

This is what the service did well:

- Premises very clean, well maintained and the equipment serviced as required
- Contract in place with a Laser Protection Adviser (LPA) with updated local rules and IPL risk assessment
- Patient records were kept securely using multi layered protection
- All staff were found to have completed safeguarding training with good policies in place.

## Quality of Management and Leadership

Overall summary:

B's Aesthetics has a small but dedicated team with good leadership and clear lines of accountability.

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

We found a comprehensive range of policies and procedures which were reviewed within the last year, although we found staff had not countersigned the latest versions.

Staff have appraisals every six months and are encouraged to attend regular training and development.

This is what we recommend the service can improve:

- Staff to countersign policy documents to confirm they have read and understood them.

This is what the service did well:

- Detailed complaints policy in place to deal with patient concerns
- A recruitment policy and process, with checks conducted for relevant experience, qualifications and suitability.



## 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. In total, we received four completed questionnaires.

Some of the comments provided by patients on the questionnaires included:

*"A very professional and high standard of care and treatment are offered in this setting. I have absolutely no concerns about either the setting, the therapists or the treatment received."*

#### Dignity and respect

We saw that B's Aesthetics had one IPL treatment room located on the ground floor. The doorways and corridor were wide enough for wheelchairs and a ramp was available to aid access for patients with mobility issues. We found the room to be clean, tidy, and well organised. The room had blinds and a frosted glass door where patients could change in privacy.

The clinic had an Equality and Diversity policy in place and all staff had received training. The clinic does not routinely use chaperones but can accommodate any request to provide one. We saw a chaperone policy was in place.

#### Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager and found both compliant with the regulations.

We found the patients' guide contained comprehensive details relating to the complaint procedure, summary of client views, and terms and conditions of treatment, with the price list signposted to the clinic's website.

We found documentation only available in English, but the registered manager confirmed they can get copies translated into Welsh if requested. Additionally, access to an interpreter service is available although they had not received any requests to date.

We were told that appointments are mainly arranged via the website but telephone bookings could be made for patients without digital access.

### **Patient information and consent**

During the inspection we reviewed a sample of five patient records. There were detailed individual patient notes available with evidence of good record keeping processes. The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions. Patients were asked to provide written consent before each treatment.

### **Care planning and provision**

We were told that during the initial consultation with the owner, patients were asked to provide a comprehensive medical history. We were told that patients were asked about any changes to their medical history prior to any subsequent treatments which was documented on their records.

There was evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered along with aftercare guidance.

All respondents to the HIW questionnaire agreed that they had been given enough information to understand their treatment options and their risks and benefits.

The registered manager told us they screen patients for body dysmorphia and other issues to ensure patients were making rational decisions and not acting impulsively.

We saw the clinic had a Mental Capacity policy in place outlining the clinic's process for considering the psychological and emotional wellbeing of their patients prior to agreeing to provide treatment. We were told that the staff were to undertake training in relation to the Mental Capacity Act as part of their continual professional development.

### **Equality, diversity and human rights**

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were told that the human rights of transgender patients would be actively upheld with additional time provided before and after appointments to prevent patient crossover as standard practice. This ensures the privacy of the patient on arrival and departure.

### **Citizen engagement and feedback**

We were told that patient feedback was provided either in person or online via Google, Facebook and on the clinic website and would be acknowledged by return. However, we found there was no facility for patients to provide anonymous feedback

in person. The registered manager created anonymous feedback forms and made them available at the time of the inspection.

The registered manager advised that feedback is assessed, analysed and communicated to staff as and when it happened, however this process was not recorded or retained. The registered manager subsequently produced a matrix for recording feedback analysis during the course of the inspection.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We saw that Portable Appliance Testing (PAT) had been conducted in June 2023 to help ensure that small electrical appliances were safe to use.

We saw that the premises were newly built and had an electrical system inspection in 2021. We were told that there had been a fire risk assessment conducted in July 2023 however the assessment we were provided was not dated. The registered manager was unable to provide assurance that appropriate risk assessments had been conducted.

**The registered manager must ensure that an up-to-date fire risk assessment is available and provide evidence of this to HIW.**

We found that a comprehensive risk assessment had been conducted by the Laser Protection Advisor in June 2023 and was due a further review in 2024.

We inspected the first aid kit and found all standard first aid items in date, however, there were several cold compresses which were out of date. These were removed by the registered manager at the time of the inspection.

**The registered manager must implement a system to ensure the first aid kit is checked to ensure expiry dates are not exceeded and all items are present or replaced.**

## **Infection prevention and control (IPC) and decontamination**

We saw that the clinic was visibly very clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down. We discussed the infection control arrangements with the registered manager and considered these to be appropriate to protect patients from cross infection.

We saw all staff had received IPC training and that cleaning schedules were used. We found that a suitable contract was in place for the collection and disposal of clinical waste.

All respondents to the HIW questionnaire rated the setting as very clean.

We saw an infection prevention and control policy was in place which contained a reference to the local occupational health contact in event of exposure to blood borne viruses and sharps injuries. However, we were advised that the clinic did not

use an occupational health provider and that staff would be referred to their own GP instead.

**The registered manager must ensure that the IPC policy is amended to show the correct contact arrangements in event of exposure to blood borne infections and sharps injuries.**

#### **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any safeguarding issues and all staff were found to have completed safeguarding training. Policies were in place for safeguarding vulnerable adults and children, with clear procedures to follow in the event of any safeguarding concerns which included the local safeguarding referral team contact details.

The registered manager explained that children were not permitted on the premises, and this is explained to patients prior to their appointment. If a child is brought onto the premises the patient would be refused treatment and requested to re-schedule the appointment.

#### **Medical devices, equipment and diagnostic systems**

We saw that the IPL device was the same as registered with HIW and that the annual service and calibration check was in date. We were told daily IPL systems checks were carried out and logged but the registered manager was unable to locate these at the time of the inspection.

**We require the registered manager to provide HIW with copies of daily IPL systems check logs to ensure daily IPL systems checks are being conducted.**

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the IPL machine had been reviewed in June 2023. However, the newly reviewed local rules had not been countersigned by the IPL operator. We required the registered manager ensure the local rules are signed by all operators of the IPL equipment.

Following the inspection, we received a copy of the local rules signed by the operator.

There were treatment protocols in place for the use of the IPL machine and these had been approved by an expert medical practitioner.

### **Safe and clinically effective care**

Eye protection was available for patients and the IPL operators. This was found to be clean, in a good condition and consistent with the requirements specified in the local rules.

There were signs on the outside of the treatment room to indicate the presence of the IPL machine. The registered manager also confirmed that a doorstop is used to prevent unauthorised entry when the machine is in use.

We saw the operator had completed up-to-date core of knowledge and device specific training. We were told that the machine is kept secure and can only be activated with a key code known only to the operator.

### **Participating in quality improvement activities**

We found no documented systems in place to regularly assess and monitor the quality of service provided. We found that the provider does not seek the views of patients as a way of informing care, conduct audits of records to ensure consistency of information and assess risks in relation to health and safety.

**We recommend the registered manager puts in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.**

### **Records management**

We found the patient records were kept securely at the service using the security onion principle of multi layered protection, with CCTV and security alarms fitted. Digital records were saved on the clinic data system which was password protected and encrypted and backed-up regularly to prevent data loss.

We saw evidence that staff had received digital security training. The clinic had patient confidentiality, data protection and privacy and data security policies in place, each having been reviewed within the last year.

# Quality of Management and Leadership

## **Governance and accountability framework**

B's Aesthetics is owned and run by the registered manager, with a small, dedicated team of staff.

We found a comprehensive range of policies and procedures that had been reviewed and signed by the registered manager within the last year. However, we found that the policies had not been countersigned by the staff, so we were unable to confirm if they had read and understood the policies.

**We recommend the registered manager arranges for staff to countersign the policy documents as confirmation that they have read and understand them.**

## **Dealing with concerns and managing incidents**

There was a detailed complaints policy in place covering both written and verbal complaints, including time frames for acknowledgments and resolution. The policy identified the complaints manager and included further contact details should the patient wish to escalate any issues.

A summary of the complaint procedure was also included within the statement of purpose and patients' guide. We saw the comments and complaints record for the clinic.

## **Workforce planning, training and organisational development**

We were told that new staff undergo an induction process and trial period of a week followed by a three-month probation period. Staff are issued with job descriptions outlining their role and responsibilities and contracts of employment. They are provided with appraisals every six months and are encouraged to attend regular training and development including e-learning, online courses and external training.

## **Workforce recruitment and employment practices**

We saw that the clinic had a recruitment policy and process in place, where applicants submit a curriculum vitae and are assessed at interview. Additionally, the registered manager conducts a check with the Disclosure and Barring Service (DBS) and obtains two references to ensure suitability. Where relevant, proof of Nursing and Midwifery Council (NMC) registration is requested, and evidence of appropriate health screening and immunisation status is obtained.

## 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
No immediate concerns were identified on this inspection.			

## Appendix B - Immediate improvement plan

**Service:** B's Aesthetics

**Date of inspection:** 23 August 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 non-compliance concerns were identified on this inspection.				

## Appendix C - Improvement plan

**Service:** B's Aesthetics

**Date of inspection:** 23 August 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 registered manager must ensure that an up-to-date fire risk assessment is available and provide evidence of this to HIW.	Regulation 26 (4)(f) - Independent Health Care (Wales) Regulations 2011	I have dated and signed the fire risk assessment and uploaded it.	Rebecca Rogers	Completed
The registered manager must ensure that the IPC policy shows the correct contact details for advice in event of exposure to blood borne infections and sharps injuries.	Regulations 9 (1)(k), (n) & 15(8)(b)	I have updated the IPC policy and added in that staff must arrange a GP appointment if they are exposed to blood borne infections or sharps injuries	Rebecca Rogers	Completed

<p>The registered manager must implement a system to ensure the first aid kit is checked to ensure expiry dates are not exceeded and all items are present or replaced.</p>	<p>National Minimum Standards for Independent Health Care Services in Wales, Standard 22</p> <p>Health and Safety (First Aid) Regulations 1981</p>	<p>I have created a spreadsheet to ensure that the first aid kit is checked and then signed monthly to ensure there are no out of date items</p>	<p>Rebecca Rogers</p>	<p>Completed and ongoing</p>
<p>We require the registered manager to provide HIW with copies of daily IPL systems check logs to ensure daily IPL systems checks are being conducted.</p>	<p>Regulation 15(2)</p>	<p>I have attached the copies of the IPL system checks</p>	<p>Rebecca Rogers</p>	<p>Completed and ongoing</p>
<p>We recommend the registered manager puts in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.</p>	<p>Regulation 19</p>	<p>I have created a document that will be used every 6 months to monitor the quality of the services provided. This will be done using the feedback forms for staff and patients that will be</p>	<p>Rebecca Rogers</p>	<p>Completed and ongoing</p>

		available at reception with an anonymous box.		
We require the registered manager to provide HIW with evidence that staff have countersigned the policy documents as confirmation that they have read and understood them.	Regulation 9	I have uploaded the document where staff have signed to say they have read the policies.	Rebecca Rogers	Completed

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):** Rebecca Rogers  
**Job role:** Registered Manager  
**Date:** 19 October 2023