

Independent Healthcare Inspection Report (Announced)

Salon Q , Merthyr Tydfil

Inspection date: 21 May 2024

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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:

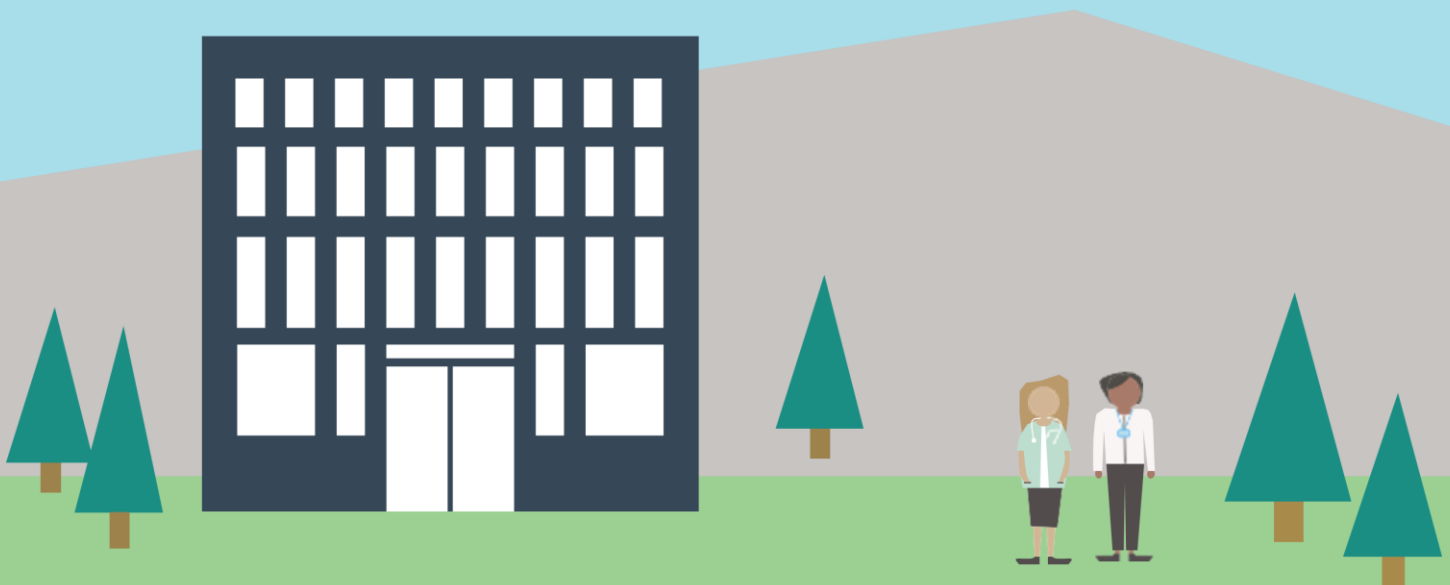
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Salon Q on 21 May 2024.

The inspection was conducted by a HIW healthcare inspector.

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 6 were completed. We also spoke to staff working at the service during our inspection. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Salon Q was committed to providing a positive experience for their patients in a pleasant environment. All the patients who completed a HIW questionnaire rated the service provided by the clinic as “very good”.

The treatment room was tidy and ensured that the privacy and dignity of patients was maintained. It was noted that a file of patient records was kept in the treatment room, and these should be stored securely to ensure patient privacy.

A Client Guide had been produced but was not provided to patients as a matter of course.

The treatment room was located upstairs at the premises and facilities were not available to patients with mobility difficulties.

This is what we recommend the service can improve:

- Make the Client Guide readily available to all patients
- Ensure patient records in the treatment room are stored securely.

This is what the service did well:

- Treating patients with dignity and respect
- The premises were clean and tidy.

Delivery of Safe and Effective Care

Overall summary:

The clinic had recently acquired a machine for laser removal of tattoos and had applied to HIW to register this. The certificate issued in March 2024, covered the new machine only. However, the clinic had retained their previously registered machine and wanted this to remain part of their registration. This error was addressed immediately during the inspection and an amended certificate issued to the clinic the following day.

We found the practice to be clean, tidy and free from clutter. Treatments took place in a room that protected the privacy and dignity of patients.

There were two machines being used, a laser unit used primarily for tattoo removal and an IPL unit used primarily for hair removal. The machines were

regularly serviced, and up-to-date Local Rules were in place, as developed by the appointed Laser Protection Advisor (LPA).

We found that the operator was trained to deliver laser treatments and kept appropriate records. Policies and procedures were in place with regard to safeguarding, but required some updating and the operator must ensure they undertake regular training.

Whilst the premises were generally well maintained, some improvements were required.

This is what we recommend the service can improve:

- Ensure fire extinguishers are either serviced or replaced annually
- Ensure regular Portable Appliance Testing (PAT) is carried out
- Improve safeguarding arrangements.

This is what the service did well:

- Laser machines were serviced and maintained appropriately to ensure safe treatment
- The premises were visibly clean with appropriate systems in place for cleaning and the disposal of waste.

Quality of Management and Leadership

Overall summary:

Salon Q is owned by the registered manager, who is also the sole operator of the laser treatment equipment.

A comprehensive range of policies and procedures were in place, appropriate for the size of practice and the registered manager being the sole operator.

This is what we recommend the service can improve:

- Ensure policies and procedures are kept up to date.

This is what the service did well:

- Regular review of patient feedback.

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 clinic to hand out HIW questionnaires to patients, to obtain their views on the service provided at the clinic. In total we received 6 completed questionnaires.

All the patients who completed a HIW questionnaire rated the service provided by the clinic as “very good” and all responses were very positive about the treatment and services provided.

Dignity and respect

Salon Q had one room for laser treatments situated on the first floor. We found the room to be clean, tidy and uncluttered.

We were told that patients normally changed in the treatment room and that the operator left the room to maintain privacy and dignity. The door to the treatment room was not lockable. However, if patients required more privacy they had access to a lockable bathroom next to the treatment room. The treatment room had blinds fitted to the external window for privacy.

Chaperones were not routinely offered by the clinic. However, procedures detailed that consent would be sought for any intimate examination and a chaperone offered if required.

All respondents to the HIW questionnaire strongly agreed that they had been treated with dignity and respect.

Patient information and consent

The registered manager told us that all patients underwent a face-to-face consultation and patch test prior to treatment, and that this was documented in the patient treatment records. We were told that risks and benefits of treatments were outlined in the consultation and if there was any doubt about the patient's capacity to understand or consent appropriately treatment would be refused.

Communicating effectively

The registered manager provided us with a copy of the Client Guide, which included how to make a complaint and HIW contact details. However, whilst available on request, this document was not made readily available to all patients.

The registered manager must ensure that the Client Guide is made readily available to all patients.

The registered manager provided a copy of their latest Statement of Purpose. This had been prepared recently whilst registering the LS-6 Nd-YAG laser and only referenced that machine. The previously submitted Statement of Purpose included details of the ElySION Pro IPL unit.

The Statement of Purpose should be updated to include details of both treatment units, and this should be submitted to HIW.

All respondents to the HIW questionnaire strongly agreed that staff explained what they were doing throughout the treatment, listened to them and answered questions, and enabled them to be involved in decisions about their treatment.

Care planning and provision

During the inspection we reviewed a sample of three patient records. These were held partly on an electronic system and partly on paper, with the paper records being stored in the treatment room. The records included parameters used, areas treated, shot counts, any adverse effects and signed consent to treatment.

The registered manager told us that patients received a patch test for their safety prior to any treatments starting. All patients who completed a HIW questionnaire confirmed that they had been given a patch test before they received treatment and signed a consent form.

Equality, diversity and human rights

The clinic had a policy on the prevention of harassment, bullying and discrimination. This included reference to protected characteristics as defined in the Equality Act 2010.

All respondents to the HIW questionnaire agreed that they had not faced discrimination when accessing or using the service.

The registered manager told us that the rights of transgender patients would be supported, and the preferred name and pronouns of the patient used to maintain their dignity.

The laser treatment room was upstairs and there was no wheelchair access from the street or within the premises. This is referenced in the Statement of Purpose but not in the Client Guide.

We recommend that the Client Guide is updated to include reference to access restrictions.

Citizen engagement and feedback

The registered manager explained that their patient management software sent a text message to each patient after treatment, requesting feedback and directing patients to an online form. We were told that this feedback was reviewed on a daily basis, and occasionally posted on social media, with patient identifying details removed.

At the time of inspection there was no provision for patients to provide feedback anonymously.

We recommend that the clinic enables patients to provide anonymous feedback.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic had a range of up-to-date policies and procedures in place to help maintain the health and safety of patients.

The clinic had hard-wired fire alarm systems and a powder fire extinguisher in the treatment room. There was no contract in place for the servicing of fire extinguishers.

The registered manager must ensure that the fire extinguisher is either serviced or replaced annually.

There were fire escape routes to both the front and rear of the building. As the premises had fewer than five employees, no fire risk assessment was required. However, we noted that additional signage was required to identify fire exit routes, and these were ordered during the inspection. There was no evidence of fire drills being carried out.

The registered manager must ensure that fire exits are clearly signposted.

The registered manager must carry out fire drills at regular intervals, at least annually.

We found that the wiring in the premises had been inspected within the last five years. Portable Appliance Testing (PAT) stickers were seen on some appliances, but not all.

The registered manager must arrange for PAT testing to be carried out on all relevant appliances as soon as possible and ensure this is carried out at appropriate intervals.

A small first aid kit was available, and the contents were all in date. The registered manager described suitable procedures for dealing with a medical emergency. They confirmed they had not undertaken first aid training. We advised that they should refer to Health and Safety Executive (HSE) guidance and carry out a risk assessment to decide if a trained first aider is required at the clinic and arrange training if required.

The registered manager must carry out a risk assessment using HSE guidance to determine whether the clinic needs to have someone trained in first aid.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and clutter free. All respondents to the HIW questionnaire said they found the setting to be 'very clean' and that infection prevention and control measures were evident.

The registered manager verbally explained the clinical cleaning processes for themselves, the equipment and treatment room. The clinic had policies in place relating to infection control, including decontamination of reusable devices, general cleaning and hygiene, hand hygiene, control and prevention of MRSA and laundry.

There was a policy on handling general and clinical waste in place, and a suitable contract for the disposal of clinical waste.

Safeguarding children and safeguarding vulnerable adults

The clinic did not treat patients under the age of 18, in line with their registration conditions. The registered manager told us that patients were discouraged from bringing children to the clinic and that people under the age of 18 were not allowed in the treatment room.

There were clear policies and procedures in place for the safeguarding of children and adults. We advised that some improvements could be made.

We recommend that the registered manager update the safeguarding procedures to include local authority contact details and reference the All Wales Safeguarding Procedures.

The registered manager told us they had undertaken safeguarding training but that the date was unknown. Initial registration of the clinic had taken place in 2022. We advised that updated safeguarding training must be done, and records kept.

The registered manager must ensure they have up-to-date safeguarding training in relation to vulnerable adults.

We saw evidence that the registered manager had undergone a Disclosure and Barring Service (DBS) check.

Medical devices, equipment and diagnostic systems

There were two laser units in the treatment room, an ElySION Pro class 4 diode laser used primarily for hair removal, and a LS-6 Q-switched Nd-YAG laser used primarily for tattoo removal.

The clinic had recently acquired the LS-6 unit and had applied to HIW to register this. The HIW certificate issued in March 2024, referenced this new machine only. However, the clinic had retained their previously registered machine and wanted this to remain part of their registration. The registered manager was advised they could not use the ElySION Pro unit until this was rectified. The error was addressed immediately during the inspection and an amended certificate issued to the clinic the following day, which referenced both machines.

We found appropriate arrangements were in place to protect the safety of patients when using the two laser machines. There was a contract in place with a Laser Protection Advisor (LPA) who had provided advice and support on the safe use of the machines. We saw evidence of up-to-date Local Rules and a risk assessment. Both machines had been serviced within the last 12 months.

Both machines were key operated, and the registered manager told us that the keys were stored securely when not in use.

Safe and clinically effective care

We saw evidence that the registered manager, the sole operator of the machines, had undergone appropriate training in their safe use.

The door to the treatment room had clear signage indicating that it contained laser equipment. The registered manager explained that, due to the location of the treatment room and limited numbers of people present at the clinic at any one time, it was considered very unlikely that anyone would enter the room during treatment.

We recommend that the registered manager consider installing a lock to ensure the door to the treatment room cannot be opened during treatment.

Appropriate protective eyewear was available for both the operator and patients.

Participating in quality improvement activities

The registered manager demonstrated good knowledge of the treatments provided, including the assessment of individual needs.

We were told that patient feedback was sought after every treatment and that this was reviewed daily to identify any potential improvements to the service.

Records management

The registered manager kept patient records both electronically and on paper. The electronic system contained comprehensive patient information. The paper records were kept in the treatment room as a quick reference to identify previous

treatments given, parameters used and any adverse effects. We noted that these records included patient identifying information and were not secured, which could risk the privacy of patients. This was addressed during the inspection with a lockable storage being ordered.

The registered manager must ensure that any patient records kept in the treatment room are stored securely.

Quality of Management and Leadership

Governance and accountability framework

SalonQ is owned by the registered manager who is also the sole authorised operator of the laser equipment. Staff use other treatment rooms in the clinic, but do not use the laser treatment room.

We saw that HIW certificates of registration were clearly displayed in the treatment room. We also saw that the clinic had an up-to-date public liability insurance certificate.

Dealing with concerns and managing incidents

The clinic had a policy and procedure for critical and untoward incident reporting in place, detailing types of incidents and reporting processes and requirements.

The complaints procedure was appropriate and included contact details for HIW.

The registered manager explained that there had been no recent concerns or complaints.

Workforce recruitment and employment practices

The registered manager was the only authorised operator of the laser equipment, and we saw evidence of appropriate training have taken place.

The clinic had policies for both recruitment and induction of staff, to be used in the event of recruiting other staff.

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The clinic had recently acquired the LS-6 unit and had applied to HIW to register this. The HIW certificate issued in March 2024 referenced this new machine only, however the clinic had retained their previously registered machine (ElySION Pro) and wanted this to remain part of their registration. | The Regulations require that all relevant units are registered with HIW. | The registered manager was informed and advised they could not use the ElySION Pro unit until this was rectified. | The error was addressed immediately during the inspection and an amended certificate issued to the clinic the following day, which referenced both machines. |
| Some paper records were kept in the treatment room for quick reference. We noted that these included patient identifying information and were not secured against unauthorised access. | This could pose a risk to the privacy and dignity of patients. | This was raised with the registered manager. | A lockable storage unit for files was ordered during the inspection. |

Appendix B - Immediate improvement plan

Service: Salon Q

Date of inspection: 21 May 2024

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.

| Risk/finding/issue | Improvement needed | Standard / Regulation | Service action | Responsible officer | Timescale |
|--------------------------------------------------------------------|--------------------|-----------------------|----------------|---------------------|-----------|
| 1. No non-compliance issues were identified during the 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): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: **Salon Q**

Date of inspection: **21 May 2024**

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.

| Risk/finding/issue | Improvement needed | Standard / Regulation | Service action | Responsible officer | Timescale |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------|------------------------------|
| 1. Although available on request the Client (Patient) Guide was not made readily available to all patients. | The registered manager must ensure that the Client Guide is made readily available to all patients. | The Independent Health Care (Wales) Regulations 2011, Regulation 7 | Patient guides printed out & available for clients to view. | Manager Sian | Completed |
| 2. The statement of purpose did not include reference to both laser units at the setting. | The Statement of Purpose should be updated to include details of both treatment units, and this should be submitted to HIW. | The Independent Health Care (Wales) Regulations 2011, Regulation 8 | These were available & emailed to HIW prior to inspection. | Manager Sian | Completed. |
| 3. The Client Guide did not indicate that facilities might not be suitable for those with mobility issues. | We recommend that the Client Guide is updated to include reference to access restrictions. | National Minimum Standards for Independent Health Care Services in Wales, Standard 2: | Will update the client guide with this info. | Manager Sian | August 17 th 2024 |

| | | | Equality, Diversity and Human Rights | | | |
|----|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|
| 4. | There was no provision for patients to provide feedback anonymously. | We recommend that the clinic enables patients to provide anonymous feedback. | The Independent Health Care (Wales) Regulations 2011, Regulation 19 | Anonymous feedback forms & secure box to post in, will be located in treatment room. I will invite clients to complete them after treatment. | Manager sian | August 17 th 2024 |
| 5. | There was no contract in place for the servicing of fire extinguishers. | The registered manager must ensure that the fire extinguisher is either serviced or replaced annually and mounted appropriately. | The Independent Health Care (Wales) Regulations 2011, Regulation 26(4) | Extinguisher was replace immediately after inspection & will be done annually. | Manager Sian | Completed. |
| 6. | Fire exits were not sufficiently signposted and fire drills had not been carried out. | The registered manager must ensure that fire exits are clearly signposted and that fire drills are carried out at regular intervals, at least annually. | The Independent Health Care (Wales) Regulations 2011, Regulation 26(4) | Fire exits where marked with relevant signage immediately after inspection. Fire drills will be carried quarterly. | Manager Sian | Completed. |
| 7. | Portable Appliance Testing (PAT) stickers were seen on some appliances, but not all. | The registered manager must arrange for PAT testing to be carried out on all relevant appliances as soon as possible and ensure | The Independent Health Care (Wales) Regulations 2011, Regulation 15 | Pat testing arranged for Wed 31 st July. | Manager Sian | July 31 st 2024 |

| | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|--------------|------------------------------|
| | | this is carried out at appropriate intervals. | | | | |
| 8. | There was no nominated First Aider at the clinic. | The registered manager must carry out a risk assessment using HSE guidance to determine whether the clinic needs to have someone trained in first aid. | The Independent Health Care (Wales) Regulations 2011, Regulation 15 | First aid training to be completed by manager. | Manager Sian | October 2024. |
| 9. | There were policies and procedures in place for the safeguarding of children and adults, but some improvements could be made. | We recommend that the registered manager update the safeguarding procedures to include local authority contact details and reference the national Wales Safeguarding Procedures. | The Independent Health Care (Wales) Regulations 2011, Regulation 16 | Updating procedure to include local contact details. | Manager Sian | August 17 th 2024 |
| 10. | There was no evidence to confirm that the registered manager had completed safeguarding training. | The registered manager must ensure they have up-to-date safeguarding training in relation to vulnerable adults | The Independent Health Care (Wales) Regulations 2011, Regulation 16 | Safeguarding training to be completed by manager. | Manager Sian | October 2024 |
| 11. | The door to the treatment room was not lockable. | We recommend that the registered manager consider installing a lock to ensure the door to the treatment | The Independent Health Care (Wales) Regulations 2011, Regulation 18 | Lock to be installed on treatment room door. | Manager Sian | August 17 th 2024 |

| | | | | | | |
|-----|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-----------------|------------|
| | | room cannot be opened during treatment. | | | | |
| 12. | Some paper records of patient treatments were kept in the treatment room. | The registered manager must ensure that any patient records kept in the treatment room are stored securely. | The Independent Health Care (Wales) Regulations 2011, Regulation 23 | Lockable storage box was purchased immediately after inspection. | Manager Sian | 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): Sian Quinan
Job role: Salon Owner, Manager & Therapist
Date: 24 July 2024