

# Independent Healthcare Inspection Report (Announced)

The Cosmetik Clinic, Swansea

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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:

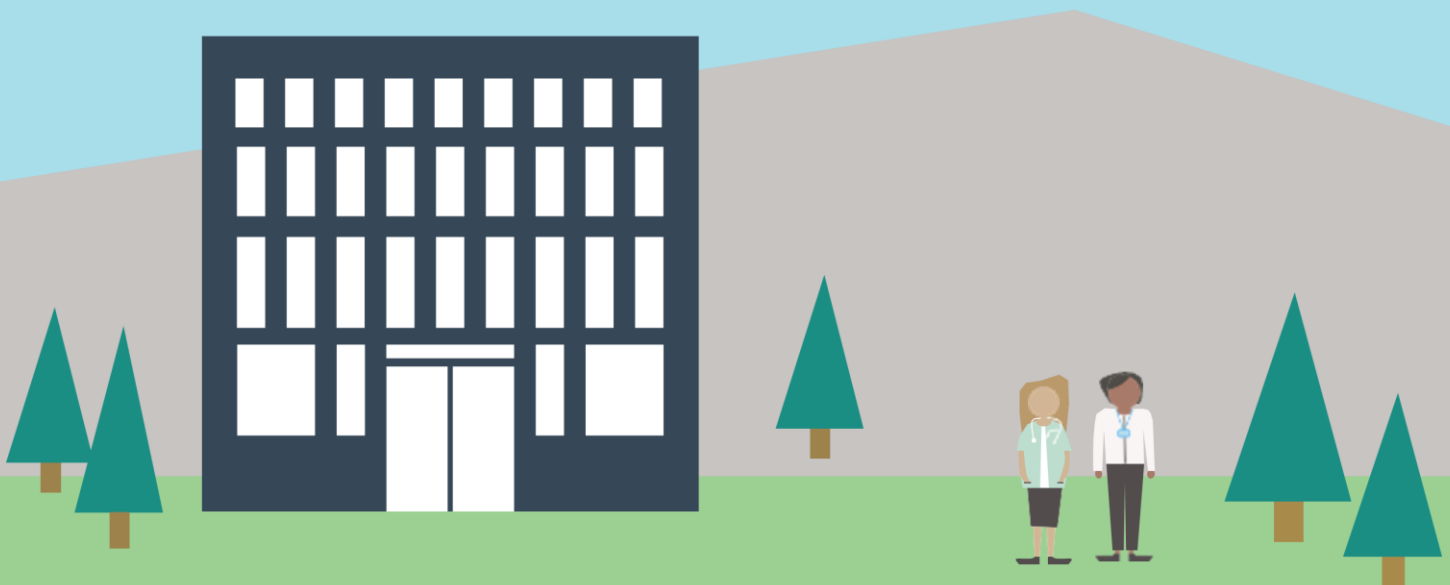
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 The Cosmetik Clinic, Gorseinon, Swansea on 5 July 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 19 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 The Cosmetik Clinic was committed to providing a positive experience for patients in a pleasant environment. The treatment room was clean and tidy and ensured that the privacy and dignity of patients was maintained.

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

This is what we recommend the service can improve:

- Actively seek patient feedback by providing anonymised forms in the clinic
- Advise patients that chaperones can be used.

This is what the service did well:

- Clean and pleasant environment throughout the premises
- Good facilities for patients with mobility access requirements.

### Delivery of Safe and Effective Care

Overall summary:

Prior to the inspection it was identified that one of the two laser units at the premises was not registered with HIW. An appropriate application was submitted to HIW prior to the inspection and the registration amended shortly after the inspection to include the additional unit.

The components of medical treatment protocols were available for both laser units, and actions to take in the event of an incident or injury were included in the Local Rules. However, the information was not available in a clear and concise format and had not been counter-signed by a medical practitioner.

The clinic was clean and tidy with effective cleaning regimes in place. Both laser units were serviced and maintained appropriately. There was an appointed Laser Protection Advisor (LPA) and up-to-date Local Rules.

Suitable arrangements were in place for safeguarding of vulnerable adults.

Appropriate measures were in place with regard to fire safety and risk assessments.

This is what we recommend the service can improve:

- Ensure medical protocols are readily available and signed by a medical practitioner
- Ensure the patient treatment register records whether the treatment caused any adverse effects.

This is what the service did well:

- The premises were well maintained with appropriate arrangements for electrical testing and fire safety
- The treatment room was clean and tidy
- Laser machines in use at the clinic were serviced and maintained appropriately to ensure safe treatment.

## Quality of Management and Leadership

Overall summary:

The registered manager and owner of the clinic was patient focused and committed to providing a high-quality service.

We saw evidence of appropriate recruitment procedures being followed. Regular staff meetings and appraisals were held, and staff received appropriate training.

Appropriate policies and procedures were in place. However, more robust processes were needed to ensure regular review and record that staff had read them.

Some quality improvement work was being carried out, but on an ad-hoc basis. A more robust process is required to monitor and improve service provision.

This is what we recommend the service can improve:

- More robust processes to review policies and procedures, and update staff
- Put a process in place to monitor and improve the quality of service provided.

This is what the service did well:

- Regular team meetings and staff appraisals
- Appropriate complaints procedure.

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 clinic. In total we received 19 completed questionnaires.

Overall, the responses and comments were positive.

Patient comments included:

*" Service was professional, felt safe and taken care of. Laser is brilliant for skin, it's helped clear my acne marks."*

*" I have always been treated with respect and have no issues. Everyone is so helpful and polite, I am always happy with my treatment."*

#### Dignity and respect

The treatment room had a lockable door and the external window was fitted with a closed blind, to ensure patient privacy during treatment.

The registered manager confirmed that patients were able to change, if necessary, in the lockable treatment room and that staff members left the room to maintain privacy and dignity.

We were told that chaperones were not routinely offered but would be provided if requested, subject to appropriate safety measures.

All respondents to the HIW questionnaire felt they were treated with dignity and respect and felt that staff listened to them and answered their questions.

#### Patient information and consent

The registered manager told us that patients were provided with detailed verbal information both pre and post treatment to ensure they could make an informed decision about their treatment.

Consultation forms were stored electronically. Staff told us that clients completed consultation and medical history forms, which required a digital signature showing



consent before they could be submitted. A 'medical changes' form was also required for every following appointment.

All patients who completed the HIW questionnaire agreed their medical history was checked before undertaking any treatment and were given a patch test before receiving any new treatment.

### **Communicating effectively**

A patients' guide and statement of purpose were available, and compliant with regulatory requirements.

We reviewed the complaints process and found it to include all the required information, including appropriate timescales for response, contact details for HIW and how to access the latest inspection report.

The clinic had detailed price lists available and listed on their website.

The clinic had a Welsh language policy in place.

### **Care planning and provision**

The registered manager confirmed that all patients undergo a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

We saw that treatment registers were kept for both laser units. These detailed patient name, type of treatment, shot count and other parameters, with each record initialled by the operator. We advised that any adverse reaction to treatment also be recorded as part of the register.

**The registered manager must ensure that the treatment registers also record any adverse reaction as a result of treatment.**

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

The clinic had a recruitment policy that noted staff should not face discrimination based on protected characteristics. However, the policy did not cover existing staff or reference the Equality Act 2010. There was an 'equality, diversity and inclusion' policy for patients, but this did not reference protected characteristics.

**The registered manager should review and update the policies relating to equality and diversity, to ensure both staff and patients are adequately protected from discrimination.**

The premises and treatment room were accessible for wheelchair users or patients with mobility difficulties. There was a designated car park, level access to the premises and the treatment room was on the ground floor. There was a spacious and accessible toilet for patients, with grab handles and raised height toilet.

The registered manager told us that the needs of transgender patients were considered by recording preferred name and pronouns on the patient record and ensuring staff continuity through the treatment course.

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

### **Citizen engagement and feedback**

The clinic used a variety of methods to gather patient views and feedback. These included a tablet device at reception and reviews on Google and social media. At the time of inspection, the clinic had 67 Google reviews with an average score of 4.8 out of 5. We were told that feedback was reviewed regularly. The clinic website included a selection of testimonials from social media.

All feedback options were found to be digital. We were told that paper feedback forms had been used in the past, but these had been removed during the Covid-19 pandemic.

**The registered manager must re-instate the use of anonymous forms in the patient waiting area, to actively seek patient feedback.**

We found that the service had an appropriate complaints procedure, which included the contact details for HIW. This was also available on the clinic website.

# Delivery of Safe and Effective Care

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

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic, including a risk management policy.

Portable Appliance Testing (PAT) stickers were visible on all relevant appliances and had been tested recently. We saw evidence of an up-to-date electrical installation report.

We found satisfactory arrangements in place for fire safety, with appropriately serviced fire extinguishers mounted correctly and clearly indicated. Fire alarm tests and evacuation drills were carried out. A comprehensive fire risk assessment was in place and regularly reviewed. Fire exits were clearly indicated.

A first aid kit was available at reception and the contents were all in date. Staff told us they were aware of procedures to follow in the event of an emergency and the laser operator was a first aider, with up-to-date training.

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

We observed all areas of the clinic to be visibly clean and free from clutter.

All respondents to the HIW questionnaire felt that infection and prevention control measures were being followed and that the setting was 'very clean'.

The registered manager described appropriate cleaning processes, and the clinic had an infection control policy and procedure, supported by cleaning checklists.

The clinic had a waste storage and disposal policy and we saw evidence that a suitable waste disposal contract was in place.

The clinical waste bin to the rear of the premises was found to have a damaged lock, so could not be secured properly. Staff told us that this had been reported to the waste contractor. To immediately address the concern, a lock was procured and fitted during the inspection. In addition, as there was potential for public access the bin should be secured so that it could not be moved by unauthorised persons.

**The registered manager must ensure that the clinical waste bin is secured, so that it cannot be removed by unauthorised persons.**

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

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that children were not allowed in the treatment room.

The clinic had a clear policy for the safeguarding of adults, with appropriate contact details for the local authority. The policy did not refer to the All Wales national safeguarding procedures.

**The registered manager must ensure that the safeguarding policy is updated to include reference to the All Wales national safeguarding procedures.**

We reviewed training certificates and saw evidence that operators had up-to-date training at Level 2.

Staff told us that any concerns about a patient's capacity to consent to treatment would be addressed during the pre-treatment consultation.

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

Prior to inspection, discussions identified that a laser unit was being used on site that had not been registered with HIW.

The registered manager confirmed that the unregistered device (Quanta unit) would be taken out of use until a new registration certificate was issued by HIW, permitting its use. It was confirmed during the inspection that relevant paperwork had been submitted to HIW and the application to vary the certification was being processed. The statement of purpose had been updated to reference the unregistered unit.

The two laser units, including the one that had not been registered with HIW, were in good condition and recently serviced. Staff carried out daily checks, including cleaning of the units.

A contract was in place with a Laser Protection Advisor (LPA). We saw that two sets of Local Rules were available, one for each unit, both having been reviewed in June 2024.

Suitable eye protection was available for both patients and operators.

We were told that both laser units were secured when not in use. One had a key, which was kept in locked cabinet elsewhere in the clinic when not in use. The other unit had an electronic keypad that required a PIN number to enable use. Additionally, the door to the treatment room was kept locked when not in use.

The door to the treatment room had appropriate signage to warn that laser units were in operation.

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

We were assured that the laser operator had completed Core of Knowledge training and had suitable training.

The components of medical treatment protocols were available for both laser units, and actions to take in the event of an incident or injury were included in the Local Rules. However, the information was not available in a clear and concise format and had not been counter-signed by a medical practitioner.

**The registered manager must ensure that clear medical treatment protocols are put in place and signed by a medical practitioner.**

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

The registered manager described some activities to monitor and assess the quality of service provided, but these were done ad-hoc and undocumented. We recommended that a robust process be put in place to identify service quality improvements.

**The registered manager must put a system in place to regularly monitor and improve, where necessary, the quality of service provision.**

#### **Records management**

Patient records were kept electronically using a secure Customer Relationship Management (CRM) system, and accessible to all staff at the clinic. Patient treatment registers were kept separately as paper records. These were stored securely in the treatment room.

# Quality of Management and Leadership

## **Governance and accountability framework**

The Cosmetik Clinic is owned and run by the registered manager. There was one authorised laser operator at the time of inspection.

We saw that the clinic clearly displayed HIW registration certificates, and an up-to-date certificate of public liability insurance.

There was a comprehensive range of policies and procedures in place, to meet regulatory requirements. We recommended that a robust process be put in place to ensure these were reviewed regularly and to record that staff had read and understood relevant documents.

**The registered manager must put a process in place to regularly review policies and procedures, and to record that staff have read and understood them.**

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

There was a suitable complaints procedure in place and made available to patients.

The registered manager provided a template form that was used to log complaints and a sample of completed forms. We were told that verbal complaints were also logged using the same form.

Staff told us that that complaints were reviewed regularly and discussed at team meetings. The form used included a summary section so that emerging themes could be easily identified.

## **Workforce recruitment and employment practices**

The registered manager described a suitable recruitment and induction process. We saw evidence that the authorised laser operator had undergone appropriate checks, including using the Disclosure and Barring Service (DBS).

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

The registered manager described a process whereby staff would typically start at the clinic carrying out non-clinical treatments such as massage therapy. If suitable they would be trained to carry out some skin treatments, before moving on to carrying out laser treatments.

## 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
Prior to the inspection it was identified that one of the two laser units at the premises was not registered with HIW.	Regulations require that laser units are registered.	This was discussed with the clinic owner as an issue that needed immediate attention.	An application was submitted to HIW prior to the inspection and the registration amended shortly after the inspection to include the additional unit.
The clinical waste bin to the rear of the premises was found to have a damaged lock. Staff told us that this had been reported to the waste contractor.	The clinical waste bin could not be secured properly, allowing potentially unauthorised access.	This was discussed with the clinic owner.	A lock was procured and fitted during the inspection.



## Appendix B - Immediate improvement plan

**Service:** The Cosmetik Clinic

**Date of inspection:** 5 July 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 on 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):** N/A

**Job role:** N/A

**Date:** N/A

## Appendix C - Improvement plan

**Service:** The Cosmetik Clinic

**Date of inspection:** 5 July 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. Treatment registers included patient name, type of treatment, shot count and other parameters, but did not log any adverse reaction to treatment.	The registered manager must ensure that the treatment registers also record any adverse reaction as a result of treatment.	The Independent Health Care (Wales) Regulations 2011, Regulation 23	Added an extra column to the register to include any adverse reactions. More information will continue to be provided in client post treatment notes.	Sian Batcup	Complete
2. Existing equality and diversity policies required review.	The registered manager should review and update the policies relating to equality and diversity.	The Independent Health Care (Wales) Regulations 2011, Regulation 18	Equality and diversity policies have been reviewed and updated.	Sian Batcup	Complete
3. Patients could submit feedback but there was no mechanism to do this anonymously.	The registered manager must re-instate the use of anonymous forms in the patient waiting area, to	The Independent Health Care (Wales) Regulations 2011, Regulation 19	An anonymous feedback box has been placed in the	Sian Batcup	Complete

		actively seek patient feedback.		reception area for patients to use.		
4.	There is public access to the clinical waste bin and it could be removed by an unauthorised person.	The registered manager must ensure that the clinical waste bin is secured, so that it cannot be removed by unauthorised persons.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	The waste bin is now secured to the clinic wall.	Sian Batcup	Complete
5.	Safeguarding policies and procedures did not include reference to the All Wales national safeguarding procedures.	The registered manager must ensure that the safeguarding policy is updated to include reference to the All Wales national safeguarding procedures.	The Independent Health Care (Wales) Regulations 2011, Regulation 16(3)	Safeguarding policy has been updated to include All Wales national safeguarding procedures. The option of patients having a chaperone has been added to the clinic consultation form.	Sian Batcup	Complete
6.	The components of medical treatment protocols were available. However, the information was not available in a clear and concise format and had not been counter-signed by a medical practitioner.	The registered manager must ensure that clear medical treatment protocols are put in place and signed by a medical practitioner.	The Independent Health Care (Wales) Regulations 2011, Regulation 45	6/8 protocols have now been submitted, upon awaiting feedback we are working to submit the remaining 2. Dr [ ] has now been accepted to sign off protocols based on the BMLA definition.	Sian Batcup	12 weeks

7.	There was no system in place to regularly monitor and improve the quality of service.	The registered manager must put a system in place to regularly monitor and improve, where necessary, the quality of service provision.	The Independent Health Care (Wales) Regulations 2011, Regulation 19	We are implementing an auditing system to monitor quality of service. All clients will be sent feedback forms post appointment.	Sian Batcup	Complete
8.	There was no system in place to regularly review policies and procedures, and to record that staff have read and understood them.	The registered manager must put a process in place to regularly review policies and procedures, and to record that staff have read and understood them.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Staff folders to be reviewed monthly. Policy matrix put in place to track ongoing and previous policy and procedure knowledge.	Sian Batcup	4 weeks

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 Batcup

**Job role:** Clinic Director

**Date:** 29 August 2024