

# Independent Healthcare Inspection Report (Announced)

## Aspire Health and Beauty, Colwyn Bay

Inspection date: 15 July 2024

Publication date: 15 October 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:

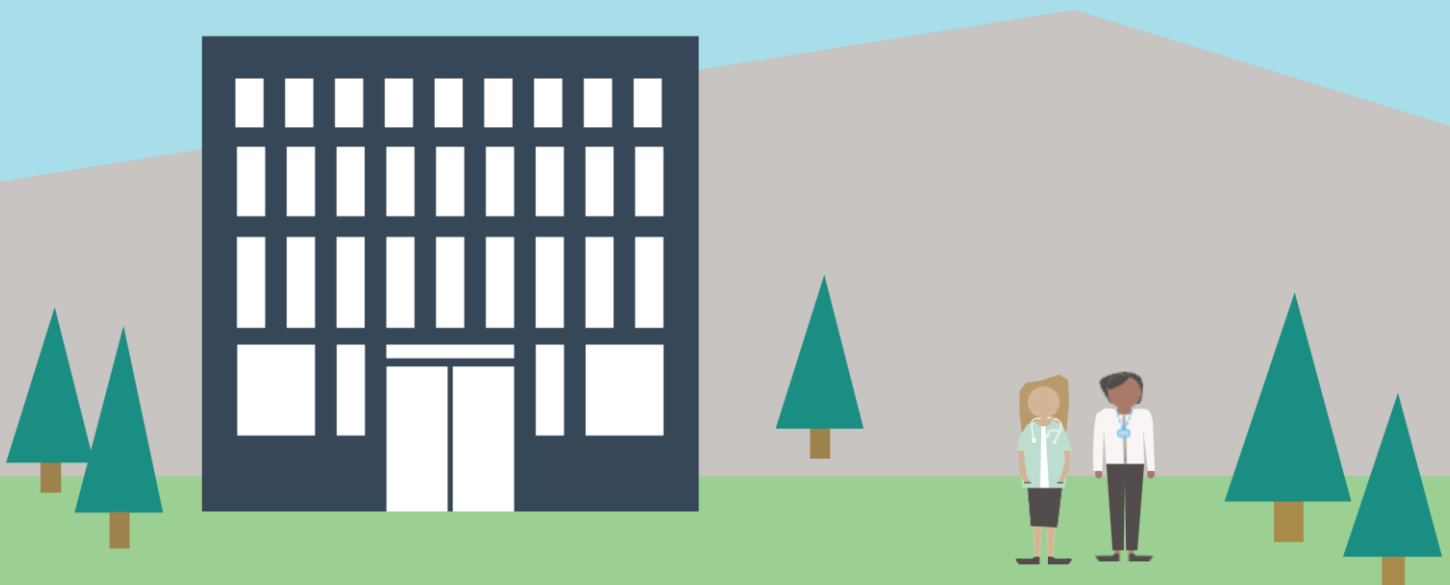
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Aspire Health and Beauty, Colwyn Bay on 15 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 21 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that Aspire Health and Beauty was committed to providing a positive experience for patients in a pleasant environment with a friendly and professional laser operator.

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

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

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.

### Delivery of Safe and Effective Care

Overall summary:

We found that Aspire Health and Beauty 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 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 detailed information to make an informed decision about their treatment
- Patients were very satisfied with their treatments and services provided
- Patient notes were of high 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 extremely committed and dedicated 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 21 responses.

Some of the patients did not answer all of the questions.

All patients who completed a questionnaire rated the service provided as good or very good.

Some of the comments provided by patients included:

*“The only place I will be going for treatment as the staff are outstanding! LGBTQ+ friendly!”*

*“Always amazing!”*

*“This is a very welcoming establishment. I have been coming for treatment for years and am very confident in the care and attention to detail that I'm given.”*

*“Was very happy with my experience. (Staff name) is extremely professional and made me feel comfortable throughout.”*

*“I have always found the staff at Aspire to be very friendly welcoming and non-judgemental. As a member of the LGBTQ+ community, I felt safe in this space which is important to me. The clinic is also physically/aesthetically lovely and always very clean, which makes for a relaxing experience.”*

*“Very happy with all the treatments I have received. Excellent care and results.”*

*“Exceptionally professional.”*

#### Dignity and respect

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



The doors to the treatment room were lockable, and the registered manager confirmed they lock the door during treatment to maintain privacy. Patients are provided with towels to protect their dignity if required and were left alone to undress if necessary.

Consultations are 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 they listened to them and answered any questions.

### **Patient information and consent**

All patients who completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options and after care services.

Some of the comments provided by patients included:

*“My therapist was great, she took the time to explain everything in detail, and made me feel at ease with the procedure.”*

*“I was really nervous and worried about coming to discuss laser hair removal. Everyone was/is so friendly, kind and put me at ease.”*

Patients are 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.

We found evidence to indicate that patients are provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients are given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

### **Communicating effectively**

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.

The majority of patients who completed a questionnaire told us their preferred language was English (19/21).

The receptionist is a fluent Welsh speaker and communicates with patients bilingually.

### **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 and a treatment register was being maintained.

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

The clinic is located on the first floor and is unable to provide disabled access. However, the clinic will provide patients who are unable to access the premises with details of an alternative provider if necessary.

### **Citizen engagement and feedback**

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patient feedback is published on the clinic website demonstrating that feedback is acted upon and is used to influence changes to service delivery.

Patients could provide feedback at the end of each treatment via a questionnaire and on social media. A comment box was also available in the waiting area. Feedback and comments could also be made anonymously.

# 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.

We saw that the registered manager had completed fire safety training.

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. One patient provided the following comment:

*“Informative and takes time to explain the process. Lovely, clean and welcoming place. Staff very friendly and knowledgeable.”*

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, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

We saw evidence that the registered manager had completed safeguarding training.

### **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 Laser Protection Advisor (LPA).

### **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 up 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 high 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, areas treated, relevant parameters, shot count and details of any adverse effects. Records were very detailed, clear, legible and of excellent quality.

# Quality of Management and Leadership

## **Governance and accountability framework**

Aspire Health and Beauty is run and owned by the registered manager who we found to be very committed and dedicated to the role.

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 recruitment and employment practices**

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 planning, training and organisational development**

We saw evidence that the registered manager and the receptionist 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: Aspire Health and Beauty**

**Date of inspection: 15 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
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: Aspire Health and Beauty**

**Date of inspection: 15 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
The service is not required to complete an improvement plan					

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:**