

# **HEALTHCARE INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

**1192 Beauty Clinic  
1192 Neath Road  
MORRISTON  
SA6 8JT**

**DATE OF INSPECTION**

**3 December 2007**

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**Regulation Team**  
Healthcare Inspectorate Wales  
Bevan House  
Caerphilly Business Park  
Van Road, Caerphilly,  
CF83 3ED

**INSPECTION REPORT**

**Inspection Episode: April 2007 to March 2008**

|   |   |
|---|---|
| <b>Healthcare Provision:</b>                    | 1192 Beauty Clinic                                |
| <b>Contact telephone number:</b>                | 01792 702063                                      |
| <b>Opening Days/Hours</b>                       | Tuesday - Saturday                                |
| <b>Registered Provider:</b>                     | Mrs. Donnalee Alford                              |
| <b>Responsible Individual</b>                   | N/A   |
| <b>Registered Manager:</b>                      | N/A   |
| <b>Number of places:</b>                        | N/A   |
| <b>Category:</b>                                | Independent Hospital providing a 'Listed Service' |
| <b>Date of first registration:</b>              | 5 May 2006  |
| <b>Date of publication of this report:</b>      | 19 February 2008                                  |
| <b>Date of previous published report:</b>       | 22 November 2006                                  |
| <b>Lead Inspector:</b>                          | Catherine Lang                                    |
| <b>Specialist Inspectors/Advisors/Observer:</b> | N/A   |

## **GUIDELINES ON INSPECTION**

### **INTRODUCTION**

This report has been compiled following an inspection of the establishment undertaken by Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the establishment's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW's Inspectors are authorised to enter and inspect healthcare establishments at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities such as, self- assessment and the use of questionnaires. HIW try to find the best way of capturing patients, their relative/representatives and staff employed within the service experiences.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the establishment. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The setting's own Statement of Purpose

Readers must be aware that the report is intended to reflect the findings of the particular inspection episode. Readers should not conclude that the circumstances of the service would be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the Healthcare Inspectorate Wales web site: <http://www.hiw.org.uk/>

## **OVERALL VIEW OF THE HEALTHCARE SETTING**

One Inspector from Healthcare Inspectorate Wales inspected 1192 Beauty Clinic.

All policies and other documentation were examined. The treatment room and equipment was also viewed and examined. The clinic is located in a beauty salon and parking is available on the main road outside.

The treatment room is clean, tidy and appropriately maintained and all procedures, records and equipment were available and in order.

Patient records are kept separately and securely. Documentation and information relating to Intense Pulse Light (IPL) treatment is detailed and given to all patients, pre and post treatment.

The Registered Provider has attended appropriate courses and received updates on a regular basis.

Policies and procedures are detailed and comprehensive, have been reviewed, and are time- dated.

The clinic is commended on the high standards achieved with regard to the national minimum standards.

The Inspector would like to thank the Registered Provider for her time and co-operation during the announced inspection.

**INFORMATION PROVISION (C1)**

|   |
|---|
| <b>Inspector's findings:</b>  |
| The Statement of Purpose and Patients Guide contained all the relevant required information and were comprehensive documents. |

**Requirements made since the last inspection report, which have been met:**

| Action Required | When Completed | Regulation Number |
|-----------------|----------------|-------------------|
| None            |                |                   |

**Requirements which remain outstanding from previous inspection activity:**

| Action Required | To have been completed by | Regulation Number |
|-----------------|---------------------------|-------------------|
| None            |                           |                   |

**New requirements from this inspection:**

| Action Required | Timescale for completion | Regulation Number |
|-----------------|--------------------------|-------------------|
| None            |                          |                   |

**Good Practice Recommendations:**

|      |
|------|
| None |
|------|

## QUALITY OF TREATMENT AND CARE (C2 – C7)

### **Inspector's findings:**

Pre and post treatment information is available and given to patients.

Photographs are sometimes used when patients receive treatments and the patients always give consent.

Treatment provided to patients is in line with appropriate guidelines with regard to IPL treatment.

All patients receive questionnaires with regard to the quality of their treatment and care. Annual audit of results are collated and made available in patient's guide.

Comprehensive policies and procedures in place and are time-dated.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b> | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|------------------------|---------------------------------|--------------------------|
| None                   |                                 |                          |

### **Good Practice Recommendations:**

|      |
|------|
| None |
|------|

## MANAGEMENT AND PERSONNEL (C8 – C15)

### **Inspector's findings:**

The Registered Provider has undertaken appropriate courses and has the qualifications and experience required for undertaking, and supervising this treatment. There is a clear line of accountability for the delivery of this treatment and service.

Human resources policies and procedures are in place

Staff Criminal Records Bureau screening is undertaken.

Staff appraisal and review is on going.

The clinic does not treat children.

There was no Child Protection or Adult Protection Policy available on the day of the inspection and these must be drawn up and put in place with immediate effect. A Protection of Vulnerable Adults file was available from the local Social Services Department.

It is advised that an annual update be undertaken with reference to Protection of Vulnerable Adults training.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b>   | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|--|---------------------------------|--------------------------|
| The registered person shall prepare and implement written statements of the policies to be applied and the procedures to be followed in or for the purposes of an establishment in relation to identifying, assessing and managing risks associated with the operation of the establishment to employees, patients and visitors. | 7 December 2007                 | Regulation 8(1)(e)       |

**Good Practice Recommendations:**

Update training is required for Protection of Vulnerable Adults.

## COMPLAINTS MANAGEMENT (C16 – C18)

### **Inspector's findings:**

A complaint policy and procedure is available in the Clinic and clearly outlines the process for patients in how to make a complaint. It was advised that HIWs contact details be added to the policy.

A whistle blowing policy and procedure is in place.

The Registered Provider normally sees the staff on a daily basis, and is available by telephone if required.

There had been one complaint received and this had been resolved.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b> | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|------------------------|---------------------------------|--------------------------|
| None                   |                                 |                          |

### **Good Practice Recommendations:**

Contact details for HIW need to be added to the Complaints Policy.

## PREMISES, FACILITIES AND EQUIPMENT (C19 – C21)

### **Inspector's findings:**

The premises for the IPL treatment are safe and appropriate for that treatment.

All maintenance policies and procedures are in place. Health and Safety, risk management is undertaken by staff.

Fire drills and training are carried out.

A review of the electrical installation is to be reviewed in March 2008.

It was noted that Portable Appliance Testing had not been carried out and the Provider was advised that this was needed immediately.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b>   | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|--|---------------------------------|--------------------------|
| The registered provider shall ensure that all equipment used in or for the purposes of the establishment is properly maintained and in good working order. | 1 January 2007                  | Regulation 14(2)(b)      |

### **Good Practice Recommendations:**

None

## RISK MANAGEMENT (C22 – C30)

### **Inspector's findings:**

Risk management policy and procedure in place. The Registered Provider reviews and undertakes risk assessments.

Policy and procedures in place and Health and Safety issues are covered in the staff induction process.

Policy and procedure is available in relation to Infection Control. Staff members are aware of the importance of infection control procedures.

The Registered Provider is responsible for reviewing monitoring and reviewing the quality of goods and services provided at the clinic.

It was noted that any incidents occurring within the Clinic must be notified to HIW within 24 hours.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b>   | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|--|---------------------------------|--------------------------|
| Notice under paragraph (1) shall be given within the period of 24 hours beginning with the event in question and, if given orally, shall be confirmed in writing as soon as practicable. | 3 December 2007                 | Regulation 27(2)         |

### **Good Practice Recommendations:**

None

## RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

### **Inspector's findings:**

Policy and procedures in place. Individual patient records are maintained and stored separately and securely and only the Registered Provider has access to the key.

The patient's health history is taken during the consultation session and records are maintained of all episodes of treatment and responses.

All patients sign a detailed consent form, prior to treatment. Consent is also received from patients for the use of photographs.

The Clinic complies with the Data Protection Act.

All staff are made aware of the need for patient confidentiality as it is covered during staff induction.

### **Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

### **Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

### **New requirements from this inspection:**

| <b>Action Required</b> | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|------------------------|---------------------------------|--------------------------|
| None                   |                                 |                          |

### **Good Practice Recommendations:**

None

**RESEARCH (C34)**

|  |
|--|
| <b>Inspector's findings:</b>                     |
| No research is carried out at this establishment |

**Requirements made since the last inspection report, which have been met:**

| Action Required | When Completed | Regulation Number |
|-----------------|----------------|-------------------|
| None            |                |                   |

**Requirements which remain outstanding from previous inspection activity:**

| Action Required | To have been completed by | Regulation Number |
|-----------------|---------------------------|-------------------|
| None            |                           |                   |

**New requirements from this inspection:**

| Action Required | Timescale for completion | Regulation Number |
|-----------------|--------------------------|-------------------|
| None            |                          |                   |

|                                       |
|---------------------------------------|
| <b>Good Practice Recommendations:</b> |
| None                                  |

**Prescribed Techniques and Technologies**  
**(Standards P1 to P3)**

**CLASS 3B AND 4 LASERS AND/OR INTENSE PULSED LIGHT SOURCES**

**STANDARD P1: Procedures for Use of Lasers and Intense Pulsed Lights**

**Inspector's findings:**

Mrs. Alford fulfils the role of Laser Protection Supervisor for the Clinic. One of the functions of an LPS is to ensure that the laser safety local rules are being complied with on a day-to-day basis. As the Registered Person, Mrs. Alford assumes overall on-site responsibility for the use of IPLs on the premises.

The clinic has a comprehensive treatment protocol that fully satisfies the relevant standard. The equipment supplier provides the treatment protocol and associated expert medical practitioner support.

A set of laser local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard. It was advised that these Local Rules needed amending to incorporate HIWs contact details and not the Healthcare Commission.

A register of authorised users exists and had been signed by the appropriate person.

The clinic has access to a certified LPA (Godfrey Town)

Records are maintained each time that the laser is used clinically.

The serial number of the IPL System is to be added to the front of the treatment register. (The Registered Provider before the end of the Inspection undertook this).

**Requirements made since the last inspection report, which have been met:**

| <b>Action Required</b> | <b>When Completed</b> | <b>Regulation Number</b> |
|------------------------|-----------------------|--------------------------|
| None                   |                       |                          |

**Requirements which remain outstanding from previous inspection activity:**

| <b>Action Required</b> | <b>To have been completed by</b> | <b>Regulation Number</b> |
|------------------------|----------------------------------|--------------------------|
| None                   |                                  |                          |

**New requirements from this inspection:**

| <b>Action Required</b>   | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|--|---------------------------------|--------------------------|
| The registered person shall ensure that no Class 3B or Class 4 laser product (within the meaning of regulation 3(1)), or intense light source (within the meaning of that regulation) is used in or for the purposes of an independent hospital unless that hospital has in place a professional protocol drawn up by a trained and experienced medical practitioner or dentist from the relevant discipline in accordance with which treatment is to be provided, and that the treatment is provided in accordance with it. | 1 January 2007                  | Regulation 41(1)         |

**Good Practice Recommendations:**

The serial number of the IPL System is to be added to the treatment register.

**STANDARD P2: Training for Staff using Lasers and Intense Pulsed Lights**

**Inspector's findings:**

The Clinic was able to provide evidence of appropriate core of knowledge safety training for the current practitioners.

Training certificates in the name of Donnalee Alford were provided for the use of the IPL system. The Clinic can evidence the treatment log as record that competency of practitioners has been periodically reviewed.

Evidence of practitioners having planned and regular update training was available.

Continuing professional development (CPD) files were produced to evidence this and it was advised by the Inspector that any journal cuttings should be kept in the appropriate file.

**Requirements made since the last inspection report, which have been met:**

| Action Required | When Completed | Regulation Number |
|-----------------|----------------|-------------------|
| None            |                |                   |

**Requirements which remain outstanding from previous inspection activity:**

| Action Required | To have been completed by | Regulation Number |
|-----------------|---------------------------|-------------------|
| None            |                           |                   |

**New requirements from this inspection:**

| Action Required | Timescale for completion | Regulation Number |
|-----------------|--------------------------|-------------------|
| None            |                          |                   |

**Good Practice Recommendations:**

All journal articles should be kept and placed in the appropriate training files.

**STANDARD P3: Safe Operation of Lasers and Intense Pulsed Lights**

**Inspector's findings:**

It is noted that warning notices are located at the entrance to the LCA and that the signs conform to BS60825-1.

The room used for IPL is clearly defined as the controlled area and not used for other purposes. Neither is it possible for the controlled area to be used as access to other areas.

An appropriate fire extinguisher is available.

The eye protection provided by the clinic appears satisfactory in terms of markings and the level of protection afforded. The Inspector noted that the Local Rules needed to be amended to show the level of shading appropriate for use.

The practitioner and the client routinely wear eye protection during IPL treatment.

The IPL unit is regularly serviced and maintained and a record of servicing and repairs is kept.

There are no reported equipment performance issues.

It is noted that the equipment is appropriately labelled with wavelength and maximum power emitted.

**Requirements made since the last inspection report, which have been met:**

| Action Required | When Completed | Regulation Number |
|-----------------|----------------|-------------------|
| None            |                |                   |

**Requirements which remain outstanding from previous inspection activity:**

| Action Required | To have been completed by | Regulation Number |
|-----------------|---------------------------|-------------------|
| None            |                           |                   |

**New requirements from this inspection:**

| <b>Action Required</b>   | <b>Timescale for completion</b> | <b>Regulation Number</b> |
|--|---------------------------------|--------------------------|
| The registered person shall ensure that no Class 3B or Class 4 laser product (within the meaning of regulation 3(1)), or intense light source (within the meaning of that regulation) is used in or for the purposes of an independent hospital unless that hospital has in place a professional protocol drawn up by a trained and experienced medical practitioner or dentist from the relevant discipline in accordance with which treatment is to be provided, and that the treatment is provided in accordance with it. | 1 January 2007                  | Regulation 41(1)         |

**Good Practice Recommendations:**

None

**Inspector's Name:** Catherine Lang

**Date:** 07<sup>th</sup> January 2008

**Inspector's Signature:**



## REPORT RESPONSE

|                            |                    |
|----------------------------|--------------------|
| Name of Registered Setting | 1192 Beauty Clinic |
| Inspection Year            | 2007 to 2008       |

### Authorisation for release of Draft Report

|           |   |                              |
|-----------|---|------------------------------|
| Inspector | <br><b>Catherine Lang</b> | DATE:<br>19 February<br>2008 |
|-----------|---|------------------------------|

I/we confirm that I/we have had an opportunity to consider the draft version of the report to confirm factual accuracy and to make any additional comments I/we believe to be necessary.

|  |            |       |
|--|------------|-------|
| Registered Person/<br>Responsible Individual | SIGNATURE: | DATE: |
| Registered Manager<br>(Where applicable)     | SIGNATURE: | DATE: |

**Please note that any report responses/ action plans received without the Registered Person/ Responsible Individuals signature will be returned for completion.**

### For office use only

|   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| Report Response Form and Comments Returned (please tick): | Returned <input type="checkbox"/> | Not Returned <input type="checkbox"/> |
|---|-----------------------------------|---------------------------------------|

### Authorisation for Release of Final Report

|           |            |       |
|-----------|------------|-------|
| Inspector | TYPE NAME: | DATE: |
|-----------|------------|-------|

***(Tick when completed)***

|                    |  |
|--------------------|--|
| Sent Adobe         |  |
| Recorded Benchmark |  |
| Sent translation   |  |

### Quality Monitoring

#### Draft Stage

|                     |            |       |
|---------------------|------------|-------|
| Authorised Officer: | Signature: | Date: |
|---------------------|------------|-------|

#### Final Stage (if amended)

|                     |            |       |
|---------------------|------------|-------|
| Authorised Officer: | Signature: | Date: |
|---------------------|------------|-------|