

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

**1192 Beauty Clinic
1192 Neath Road
Morrison
Swansea**

DATE OF INSPECTION

16 March 2009

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

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INSPECTION REPORT

Inspection Episode: **April 2008 to March 2009**

Healthcare Provision:	1192 Beauty Clinic
Contact telephone number:	01792 702063
Opening Days/Hours	Tuesday - Saturday
Registered Provider:	Mrs Elizabeth Donnalee Alford
Responsible Individual	N/A
Registered Manager:	N/A
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	5 May 2006
Date of publication of this report:	29 th July 2009
Date of previous published report:	19 February 2008
Lead Inspector:	Mr John Powell
Specialist Inspectors/Advisors/ Observer:	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

1192 Beauty Clinic was inspected during the morning of the 16th March 2009 by an Inspection Manager from Healthcare Inspectorate Wales. The clinic was registered for a range of treatments including: skin rejuvenation; wrinkle reduction; acne; thread vein reduction; hair reduction and the treatment of warts and verrucaes. In addition, at the time of writing this report, a Q Switched Nd-Yag class 4 laser had been registered for the removal of tattoos.

The clinic is located in a beauty salon and parking was available on the main road outside. The treatment room was clean, tidy and appropriately maintained and all procedures, records and equipment were available and in order.

A random sample of policies and procedures and other documentation was examined during the visit and the patient records were kept separately and securely. Documentation and information relating to Intense Pulse Light (IPL) treatment was detailed and the Inspection Manager was informed that this was given to all patients, pre and post treatment.

The registered provider had attended appropriate courses and received updates on a regular basis.

The Inspection Manager implemented a number of methodologies during the visit and these included:

- Examination of documentation.
- Discussion with the registered provider.
- Examination of the self assessment questionnaire.
- A tour of the premises.

The Inspection Manager would like to thank the registered provider and staff for their time and co-operation during the announced inspection visit.

INFORMATION PROVISION (C1)

Inspector's findings:

Statement of Purpose

The Statement of Purpose was comprehensive and covered the following areas:

- Statement of aims.
- Introduction to the salon.
- Management of care.
- Name and address of the service provider.
- Qualifications of the service provider.
- Policy for the provision of staff to cover the needs of the client.
- Organisational structure.
- The kinds of treatment.
- The range of needs (client profile).
- Disability access.
- Visual impairments.
- Facilities available.
- Arrangements for consultations and treatments.
- Arrangements for contact.
- Complaints procedure.
- A code of practice for the salon.
- Client's privacy and dignity.
- The salon's privacy statement.

Patient's Guide

A patient's guide was available and this covered the following areas:

- Summary of the statement of purpose.
- Terms & conditions.
- Contract/consent form.
- Complaints procedure.
- Summary of consultation results.
- Healthcare Inspectorate Wales (contact details etc).
- Inspection report.

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:

Patient Centred Care

Pre and post treatment information was available and the Inspection Manager was informed that this was given to all patients. A random sample of patient records was examined and the following observations made:

- A patient consent for treatment form had been completed.
- A record of treatments administered was available.

Photographs were sometimes used as a part of the treatment process and patient consent was obtained prior to any photographs being taken.

Quality of Care and Management of Patient Conditions

Treatment provided to patients was in line with appropriate guidelines with regard to Intense Pulsed Light and laser treatment. Medical screening was undertaken prior to patients receiving any treatment.

Patient Satisfaction Questionnaires

Patients routinely received questionnaires with regard to the quality of their treatment and care. A patient audit had been undertaken for the period September 2007 until November 2008. Results had been analysed and acted upon.

Policies and Procedures

There was a range of comprehensive policies and procedures in place and these were time-dated.

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

MANAGEMENT AND PERSONNEL (C8 – C15)

<p>Inspector's findings:</p> <p><u>Registered Provider</u> The Registered Provider had the qualifications, skills, training and experience to undertake the treatments specified in the conditions of registration. The "core of knowledge" training had been undertaken by the provider and the two authorised users. There were clear lines of accountability for the delivery of treatment and service.</p> <p><u>Human Resources – Policies and Procedures</u> A range of policies and procedures were in place</p> <p><u>Protection of Vulnerable Adults</u> There was an Adult Protection Policy available on the day of the inspection but this needed to reflect the local protocols/guidelines. Staff had attempted to access training for the Protection of Vulnerable Adults but unfortunately the course had been cancelled on two separate occasions.</p> <p>The clinic does not treat children.</p>
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Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
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.	31 st December 2007	Regulation 8 (1) (e)

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		

<p>Good Practice Recommendations:</p> <p>Update training is required for Protection of Vulnerable Adults and the Adult Protection policy needs to reflect the local protocols/guidance.</p>
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COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:

Complaints Process

A complaint policy and procedure was available in the Clinic and clearly outlines the process for patients in how to make a complaint. Healthcare Inspectorate Wales contact details had been added to the policy. The complaints policy was displayed within the clinic.

Whistle-blowing

A whistle blowing policy and procedure was in place.

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

PREMISES, FACILITIES AND EQUIPMENT (C19 – C21)

Inspector's findings:

Premises

The clinic is located in a beauty salon and parking was available on the main road outside. The treatment room was clean, tidy and appropriately maintained and all procedures, records and equipment were available and in order. The reception area was warm and welcoming and a range of refreshments were available.

Certificates and Testing

A number of certificates/maintenance contracts were randomly selected and the following observations were made:

- A gas safety certificate was obtained following the inspection visit and this was dated the 4th April 2009.
- Fire extinguisher checks and maintenance had been undertaken in November 2008.
- Portable appliance testing had been undertaken in relation to the Intense Pulsed Light and Laser machines.

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

Action Required	When Completed	Regulation Number
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.	Confirmed during the inspection visit undertaken on the 16 th March 2009	Regulation 14 (2) (b)

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

RISK MANAGEMENT (C22 – C30)

Inspector's findings:

Risk Management

A risk management policy and procedure was in place.

Health and Safety

A number of health and safety polices and procedures were in place.

Infection Control

A number of key infection control policies were in place and protective gloves were available for staff.

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

Action Required	When Completed	Regulation Number
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	No further incidents	Regulation 27 (2)

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

RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

Inspector's findings:
<p><u>Information Management/Patient Records</u> Individual patient records were maintained and stored separately and securely and only the registered provider and authorised operators of the machines had access to the keys. The registered provider was advised that a key log book should be maintained and keys for the machines should be logged in and out. This was observed to be in place during a subsequent visit to the clinic.</p> <p><u>Confidentiality</u> All staff were made aware of the need for patient confidentiality during their induction programme.</p>

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

RESEARCH (C34)

Inspector's findings:

The Inspection Manager was informed that no research was undertaken 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		

Good Practice Recommendations:

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 fulfilled the role of Laser Protection Supervisor (LPS) for the Clinic. One of the functions of an LPS was to ensure that the laser safety and local rules were being complied with on a day-to-day basis. As the Registered Person, Mrs. Alford assumed overall on-site responsibility for the use of Intense Pulsed Light/Laser machines on the premises.

The clinic had a comprehensive treatment protocol for the QLite Q Switched Nd: Yag Laser that fully satisfied the relevant standard. A copy of the treatment protocol for the Chromolite Intense Pulsed Light and the NLite class 4 laser was not sighted.

A set of laser local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard.

A register of authorised users was available and had been signed by the appropriate persons.

The clinic has access to a certified Laser Protection Advisor and a audit report was completed on the 24th October 2008.

Records were maintained each time that the Intense Pulsed Light/Laser machine was used.

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

Action Required	When Completed	Regulation Number
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.	The treatment protocol for the QLite Q-Switched Nd Yag Laser was sighted on the 20 May 2009.	Regulation 41 (1)

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
A copy of the treatment protocol for the NLite class 4 laser and the Chromolite Intense Pulsed Light machine is required.	31 July 2009	Regulation 41(1)

Good Practice Recommendations:

None

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

Inspector's findings:

Core of knowledge safety training had been undertaken by the registered provider and the two authorised operators for the Intense Pulsed Light/Laser machines.

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

Continuing professional development (CPD) files were produced to evidence continual professional up-dating.

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

STANDARD P3: Safe Operation of Lasers and Intense Pulsed Lights

Inspector's findings:

It was noted that warning notices were available for the entrance to the laser controlled area and the signs conformed to BS60825-1.

The room used for Intense Pulsed Light/Laser treatment was 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 was available.

The eye protection provided by the clinic appeared satisfactory in terms of markings and the level of protection afforded. The Inspection Manager was informed that the clients and authorised users routinely wear eye protection during Intense Pulsed Light/Laser treatment.

There was no reported equipment performance issues.

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

It was observed that the treatment room was very congested with all the Intense Pulse Light/Laser machines being stored within the room.

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:

The registered provider to explore alternative storage for the machines, when they are not in use.

Inspector's Name: John Powell

Date: 29th July 2009

Inspector's Signature: