

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

**Advanced Medical Aesthetics (AMA)
Cadoc House, High Street,
Caerleon NP18 1AZ**

DATE OF INSPECTION

9th 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:	Advanced Medical Aesthetics Limited (AMA)
Contact telephone number:	01633 431393
Opening Days/Hours	Monday – Friday 8.00 am – 6.00 pm
Registered Provider:	N/A
Responsible Individual	Dr John Hamilton Diggle
Registered Manager:	Dr John Hamilton Diggle
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	5 December 2005
Date of publication of this report:	16 th July 2009
Date of previous published report:	22 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

AMA Limited was inspected during the afternoon of the 9th March 2009 by an Inspection Manager from Healthcare Inspectorate Wales. This was an announced visit.

AMA is located within a GP practice in the main High Street of Caerleon and the treatment room was located on the ground floor and was noted to be clean, tidy and appropriately equipped for the range of treatments on offer at the clinic.

Patient records were kept separately and securely. Documentation and information relating to the laser treatments was detailed and given to all patients, pre and post treatment.

The Responsible Individual and the other authorised laser operator received training on a regular basis. The responsible individual also attended appropriate conferences and seminars on a regular basis.

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

- Examination of documentation
- Discussion with the responsible individual/registered manager
- Examination of the self assessment questionnaire
- A tour of the premises

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

INFORMATION PROVISION (C1)

Inspector's findings:

Statement of Purpose

A statement of purpose was available and this was displayed within the reception area of the clinic. The statement of purpose had recently been amended to reflect Healthcare Inspectorate Wales contact details.

Patient's Guide

A patient's guide was available and the Inspection Manager was informed that this was routinely given to patients.

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

The Inspection Manager was informed that consultation and assessment were undertaken prior to treatment being given to patients. Patients received consent forms and a random sample of patient records confirmed that the consent forms were appropriately completed. A medical history was also recorded.

Quality of Care and Management of Patient Conditions

The responsible individual/registered manager had attended various training courses and was a General Practitioner. The Inspection Manager was informed that the other authorised operator of the laser machine needed to attend updated training in relation to the "core of knowledge".

Patient Satisfaction Questionnaires

Patient questionnaires were available and the Inspection Manager was informed that these were routinely given to all patients. No summary of the most recent results were sighted during the inspection visit, however the provider submitted an analysis of 39 questionnaires following receipt of the draft report. The analysis was very comprehensive.

Policies and Procedures

There was a range of policies and procedures 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
The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of treatment and other services provided at the establishment. A summary of the most recent consultation conducted in accordance with Regulation 16 (1) & (3) is required. Please forward to Healthcare Inspectorate Wales a summary of the most recent results of the patient questionnaires.	31 August 2009 A copy of a report detailing analysis of 39 questionnaires was submitted, following receipt of the draft report	Regulation 16 (1) & (3)

Good Practice Recommendations:

None

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:

Registered Manager

The registered manager was very experienced and had the qualifications and skills to undertake the treatments specified within the conditions of registration. In addition to the registered manager there was one other member of staff who was authorised to use the laser equipment. However, there was no evidence available that this operator had attended the core of knowledge training.

Human Resources – Policies and Procedures

A range of policies and procedures were in place and the file of a member of staff was randomly selected and examined. There was no completed application form and no references were available. A Criminal Records Bureau disclosure was on file but this was not undertaken in the name of the registered company AMA Limited. The authorised operator had signed in relation to the area of patient confidentiality and had also signed to confirm that they had read and understood the policies and procedures

Protection of Vulnerable Children

The clinic did not treat anyone under the age of eighteen years.

Protection of Vulnerable Adults

A Copy of the Vulnerable Adults Policy from the local Social Services department was available. Protection of Vulnerable Adults training had been undertaken.

A Certificate of Registration, from Healthcare Inspectorate Wales was displayed.

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
All authorised operators of the laser machine must have attended the core of knowledge training. A copy of the core of knowledge training certificate is required for the authorised operator.	30 June 2009	Regulation 18 (2) (b)
All persons working at an establishment must have: <ul style="list-style-type: none"> • A Criminal Records Bureau disclosure in the name of the employer. • Written references from each of the person's two most recent employers. • A full employment history, together with a satisfactory written explanation of any gaps in employment – A completed application form may satisfy this requirement. 	30 June 2009	Regulation 9 (3) (c)

Good Practice Recommendations:

None

COMPLAINTS MANAGEMENT (C16 – C18)

<p>Inspector's findings:</p> <p><u>Complaints Process</u> A complaints policy and procedure were available and the complaints procedure had been amended to reflect Healthcare Inspectorate Wales contact details. The Inspection Manager was informed that no complaints had been received since the last inspection visit.</p> <p><u>Whistle-blowing</u> The whistle-blowing policy and procedure was not sighted during the visit but the Inspection Manager was informed that this was in place and that all staff were made aware of the policy.</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

PREMISES, FACILITIES AND EQUIPMENT (C19 – C21)

Inspector's findings:
<p><u>Premises</u> The clinic is located within a GP practice within the main High Street of Caerleon. The treatment room was located on the ground floor and the reception area was very warm and welcoming.</p> <p><u>Certificates and Testing</u> The Inspection Manager was informed that the majority of checks and maintenance were undertaken by the Local Health Board. A number of certificates and maintenance contracts were randomly examined during the inspection visit and the following observations made:</p> <ul style="list-style-type: none"> • A gas safety certificate was available and dated June 2008. • The fire alarm system had been checked on the 4th November 2008. • Weekly fire alarm and emergency lighting checks were undertaken. • Fire extinguishers had been serviced and checked in June 2008. • The Nd: YAG laser machine had been serviced on 6th August 2008. <p>There was no evidence of electrical portable appliance testing being undertaken, therefore records of testing must be forwarded to Healthcare Inspectorate Wales.</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
The registered provider shall send copies of electrical portable appliance testing to Healthcare Inspectorate Wales.	30 June 2009 A copy of the certificate for electrical appliance testing was received by HIW.	Regulation 14(2)(b)

Good Practice Recommendations:

None

RISK MANAGEMENT (C22 – C30)

<p>Inspector's findings:</p> <p><u>Risk Management</u> A risk management policy was in place and detailed information covering risk assessments.</p> <p><u>Health and Safety</u> The Clinic has a mechanism in place for dealing with alert letters regarding Medical Advice Agency Information and National Health Service alerts.</p> <p><u>Fire Training</u> A fire drill had been undertaken on the 24th September 2008 but there was no evidence available that fire training had been undertaken by staff.</p> <p><u>Infection Control</u> A policy was in place for Infection Control and goggles and protective gloves were also available.</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
Confirmation to be sent that all staff had undertaken suitable training in fire prevention.	15 July 2009	Regulation 24 (4) (c)

Good Practice Recommendations:

None

RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

Inspector's findings:

Information Management/Patient Records

Individual patient records were well maintained and stored separately and securely and only the relevant personnel had access to the records.

All patients signed a detailed consent form prior to treatment being provided.

Confidentiality

All staff were made aware of patient confidentiality during their induction. Evidence that staff had read and understood the policy was available.

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:
The treatment protocols came under the expert medical practitioner, Dr P Dobson and appeared to contain the information required in Standard P1.1.
Local rules were available and had been produced with the assistance of Mr Jorge Rodriguez who was certificated as an Laser Protection Advisor, however, these rules were dated 2004 and there was no evidence that they had been reviewed.
Appropriate eyewear was available in the Clinic for both the authorised operators and patients.
Dr Diggle undertook the role of the laser / Intense Pulsed Light Protection Supervisor.
A treatment register was available and the serial number of the laser/Intense Pulsed Light had been added to the front of this document.

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 local rules need to be reviewed and evidence of this review to be documented.

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

Inspector's findings:

Training in laser safety core of knowledge (National Minimum Standard P2.1) had been received by the responsible individual/registered manager, however, the Inspection Manager was informed that the other authorised operator of the laser machine needed to attend updated training in relation to the "core of knowledge". This area was been detailed within the section entitled "Quality of Treatment and Care" of this report.

A file of information in relation to courses and educational information was available within the clinic.

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:

Access to the laser/Intense Pulsed Light controlled area was controlled using a bolt on the treatment room door. The Inspection Manager was informed that the taps in the room were covered when the machine was in use.

Skin type and pigmentation were checked as part of the written treatment protocol. The key to the machine was kept in a locked box in the drawer next door.

There was no documentation to indicate that an audit had been undertaken by the Laser Protection Advisor

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
An audit to be undertaken by the Laser Protection Advisor and a copy to be sent to Healthcare Inspectorate Wales.	31 st July 2009	Regulation 16 (1)

Good Practice Recommendations:

None

Inspector's Name: John Powell

Date: 16th July 2009

Inspector's Signature: