

**Advanced Medical Aesthetics (AMA)
Cadoc House
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Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager:
24 March 2010	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

www.hiw.org.uk.

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An announced inspection to Advanced Medical Aesthetics (AMA) was undertaken on the 24 March 2010 by an Inspection Manager. The clinic was first registered on the 5 December 2006 and is registered to provide a range of treatments using Laser/Intense Pulsed Light technology.

Prior to the inspection visit the registered provider did not submit a completed pre-inspection questionnaire. The inspection visit focused upon the analysis of a range of documentation, discussion with the responsible individual/registered manager, examination of patient records and a tour of the premises.

In respect of the main inspection findings, the registered person had in place:

- A statement of purpose and patient guide.
- A central register of policies and procedures that included the title and date of review. Policies available included a patient confidentiality and resuscitation and staff had signed to state that they had read the policies and procedures relevant to their area of work.
- Patient records that included a medical history and a consent to treatment form.
- A consultation with patients utilising questionnaires had been undertaken and an analysis of the results was very positive.
- A servicing and calibration report for the Laser/Intense Pulsed Light machine was available and dated 23 March 2010.
- The fire alarm and emergency lighting system had been tested on the 9 February 2010 and a gas safety certificate was available and dated 26 June 2009.

- Treatment protocols were in place.
- A robust complaints process was in place and there had been no complaints received since the previous inspection.

In respect of the other inspection findings a fire drill was last documented on the 29 September 2008 and no recent training in fire prevention had been undertaken. In addition there was no record that Portable Appliance Testing had been undertaken and there was no report available from the Laser Protection Advisor in terms of the auditing process. .

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

Achievements and Compliance

Within the previous inspection report 6 requirements had been identified and it was established within the inspection visit that 3 of these had been addressed. The outstanding requirements were in relation to the provision of fire prevention training, Portable Appliance Testing and an audit report from the Laser Protection Advisor.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service.

Description
Independent hospital providing a listed service using a prescribed technique or prescribed technology: <ul style="list-style-type: none"> • Laser or Intense Pulsed Light Source

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	No services are to be provided except treatment using the Vasculight Elite Nd: YAG Laser/IPL System within the meaning of regulation 3 (1) (a) & (b) of the Private and Voluntary Healthcare (Wales) Regulations 2002.	Compliant

Condition number	Condition of Registration	Judgement
2.	<p>Only the nominated persons, as identified in your local rules (as varied from time to time) are authorised to; use the Vasculight Elite Nd: YAG Laser/IPL System for the following treatments only:</p> <ul style="list-style-type: none"> ◆ Epilation ◆ Photo rejuvenation ◆ Treatment of benign vascular and pigmented lesions Tattoo removal. 	Compliant
3.	No persons under the age of eighteen (18) years may be provided with treatment.	Compliant
4.	Overnight accommodation must not be provided at the establishment.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private Doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not applicable
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met
C13	Patients and personnel are not infected with blood borne viruses	Standard not applicable
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard almost met
C21	Patients receive appropriate catering services	Standard not applicable

Number	Standard Topic	Assessment
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard not applicable
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard not applicable
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not applicable

Service specific standards - these are specific to the type of establishment inspected

Number	Prescribed Techniques and Technology Standards	Assessment
	Class 3B and 4 Lasers and / or Intense Pulsed Light Sources	
P1	Procedures for use of lasers and intense pulsed lights	Standard met
P2	Training for staff using lasers and intense pulsed lights	Standard met
P3	Safe operation of lasers and intense pulsed lights	Standard met

Schedules of Information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C4	16 (1) & (2)	<p>Findings There was no quality audit report available that had been undertaken by the Laser Protection Advisor</p> <p>Action Required The registered person is required to introduce and maintain a system for reviewing at appropriate intervals the quality of treatment provided. Therefore an audit must be undertaken by the Laser Protection Advisor.</p>	A copy of the report undertaken by the Laser Protection Advisor must be sent to HIW within 14 days of receiving this report.
C19	24 (4) (c) & (d)	<p>Findings Staff had not attended recent training in fire prevention and had not participated in a recent fire drill.</p> <p>Action Required The registered person is required to ensure that all staff attend suitable fire prevention training and participate in a recent fire drill.</p>	Within 28 days of the date of this report

Standard	Regulation	Requirement	Time scale
C20	24 (2) (d)	<p>Findings There was no documentation in relation to Portable Appliance testing.</p> <p>Action Required The registered person is required to ensure that documentation is available to confirm that Portable Appliance Testing has been undertaken.</p>	A copy of the Portable Appliance Testing documentation to be sent to HIW within 28 days of the date of this report

Recommendations

No recommendations have been made.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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