

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

11 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

Healthcare Provision:	AMA
Contact telephone number:	01633 431393
Opening Days/Hours	Monday – Friday 8.00 am – 6.00 pm
Registered Provider:	Dr. Diggle
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 December 2005
Date of publication of this report:	22 February 2008
Date of previous published report:	19 th April 2007
Lead Inspector:	Miss Catherine Lang
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

An Inspector from Healthcare Inspectorate Wales inspected the AMA Clinic and all policies and other documentation were examined.

The treatment room and equipment was also viewed and examined. The clinic is located in the local GP Practice.

The laser treatments are offered in a separate room, within the Clinic. The treatment room is clean, tidy and appropriately maintained. All procedures, records and equipment were available and in order.

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

The Provider and the other laser operator receive training on a regular basis. The Provider also attends appropriate conferences and seminars on a regular basis.

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

INFORMATION PROVISION (C1)

Inspector's findings:

The Statement of Purpose was available but it needs to be amended to show Healthcare Inspectorate Wales' contact details and referencing to Private and Voluntary Healthcare Regulations and National Minimum Standards.

The Patient Guide was also available and incorporated all relevant information.

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 Statement of Purpose needs to be amended to show HIWs contact details.

QUALITY OF TREATMENT AND CARE (C2 – C7)

Inspector's findings:

All patients receive consent forms and these are completed and signed appropriately.

All patients' medical history is also recorded.

Patient questionnaires are being completed and a summary report is produced and kept in 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

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:

All individual staff training files are updated regularly and kept in a locked cabinet.

A job description was available for the Registered Manager and it was confirmed that all staff receive induction and appropriate training when they join the Clinic.

Copies of the Vulnerable Adults Policy from the local Social Services departments were available.

The updated Certificate of Registration had been received by the Clinic from HIW but all copies must be framed and displayed conspicuously.

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 copies of the Certificate of Registration must be displayed conspicuously.

COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:

At the last inspection, the Inspector advised the Registered Provider to amend the complaints to incorporate HIWs contact details, however this had not been done. Amendments must be done immediately and must be cross-referenced to the Private and Voluntary Healthcare Regulations and National Minimum Standards.

A copy of the complaints procedure is also available in the Patient Guide.

No complaints had been received by the Clinic since the last inspection.

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 complaints procedure must be amended to incorporate HIWs contact details and must be cross-referenced to the Private and Voluntary Healthcare Regulations and National Minimum Standards

PREMISES, FACILITIES AND EQUIPMENT (C19 – C21)

Inspector's findings:

It was noted that all maintenance checks were being carried out appropriately.

Portable Appliance Testing certificates were not available on the day of the inspection and the Registered Manager is to check the contract agreement between the Clinic and the NHS Trust to see what the re-test arrangements are. A copy of the agreement is to be sent to HIW.

Gas Safety Record was completed in August 2007.

The Clinic has a clinical waste contract with BIFFA.

All fire equipment had recently been tested and fire tests are undertaken on a weekly basis.

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 ensure that all equipment used in or for the purposes of the establishment is properly maintained and in good working order.	1 March 2008	Regulation 14(2)(b)

Good Practice Recommendations:

None

RISK MANAGEMENT (C22 – C30)

Inspector's findings:

A risk management policy is in place and detailed information covering risk assessments and management is available.

The Clinic has a mechanism in place for dealing with alert letters regarding Medical Advice Agency Information and National Health Service alerts.

A policy is in place for Infection Control and advice is available if required.

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

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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

RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

Inspector's findings:

Individual patient records are well maintained and stored separately and securely and only the relevant personnel have access to the key.

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

All staff are made aware of patient confidentiality during staff induction.

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

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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:
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		

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 (EMP), Dr P Dobson and appear 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 is certificated as an LPA.
Appropriate eyewear is available in the Clinic for both operators and patients.
Dr Diggle acts as the laser / IPL Protection Supervisor.
A treatment register, with glued spine, was available and the serial number of the laser / IPL had been added to the front of this document.

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

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None		

Requirements which remain outstanding from previous inspection activity:

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None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good Practice Recommendations:

None

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.

All relevant training certificates were available for all operators. Update training is received through attending other such courses and also reading cosmetic journals. Training in technique has also been received (certificates seen).

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 / IPL controlled area was controlled using a bolt on the treatment room door.

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

The IPL System had been serviced in June 2007.

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

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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

Inspector's Name: Catherine Lang

Date: 17th January 2008

Inspector's Signature:



REPORT RESPONSE

Name of Registered Setting	Advanced Medical Aesthetics (AMA)
Inspection Year	2007 to 2008

Authorisation for release of Draft Report

Inspector	 Catherine Lang	DATE: 22 February 2008
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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/ Responsible Individual	SIGNATURE:	DATE:
Registered Manager (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"/>
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Authorisation for Release of Final Report

Inspector	TYPE NAME:	DATE:
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(Tick when completed)

Sent Adobe	
Recorded Benchmark	
Sent translation	

Quality Monitoring

Draft Stage

Authorised Officer:	Signature:	Date:
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Final Stage (if amended)

Authorised Officer:	Signature:	Date:
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