

# **HEALTHCARE INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

**The Beauty Spot  
6 Middle Street, Chepstow  
NP16 5ET**

**DATE OF INSPECTION**

**9 October 2007**

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

**INSPECTION REPORT**

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

<b>Healthcare Provision:</b>	The Beauty Spot
<b>Contact telephone number:</b>	01291 626260
<b>Opening Days/Hours</b>	Monday/Wednesday 9.00 am – 9.00 pm Tuesday/Thursday 9.00 am – 2.30 pm Friday 9.00 am – 7.00 p, Saturday Alternative
<b>Registered Provider:</b>	Miss S. Evans
<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>	16 May 2006
<b>Date of publication of this report:</b>	17 <sup>th</sup> January 2008
<b>Date of previous published report:</b>	9 October 2006
<b>Lead Inspector:</b>	Miss 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 will 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**

The Clinic is located near the centre of the town and parking is available nearby.

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

The IPL treatment is offered in a separate room within the Clinic.

Patients' records are kept separately and appropriately maintained. Documentation and information relating to the IPL is detailed and given to all patients, pre and post treatment.

The Registered Provider and authorised users attend appropriate courses and training on a regular basis.

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

### INFORMATION PROVISION (C1)

**Inspector's findings:**

The Statement of Purpose was available but needs to be updated to include HIW contacts details. All reference to the Healthcare Commission and CSIW must be amended to show Healthcare Inspectorate Wales.

The Patient Guide contains all required information but again needed amending to show HIW contact details.

**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 compile in relation to the establishment, a statement on paper (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.	16 October 2007	Regulation 5(1)

**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.

Treatment provided to patients is in line with appropriate guidelines with regard to IPL treatment. Expert medical advice is available if required.

All patients receive questionnaires with regard to the quality of their treatment and care. Although the Registered Provider advised the Inspector that some patients were not returning their completed questionnaires. Outcomes are noted and acted upon. Annual audit of results are collated and made available in the patients information pack.

Policies and procedures are in place, however, it was advised by the Inspector that they need to be reviewed and amended to make reference to the Private and Voluntary Healthcare National Minimum Standards for Wales.

### **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 in the procedures to be followed in or for the purposes of an establishment in relation to the provision of information to patients and others.	1 November 2007	Regulation 8(1)(g)

### **Good Practice Recommendations:**

None

**MANAGEMENT AND PERSONNEL (C8 – C15)**

**Inspector's findings:**

The manager 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 and staff Criminal Records Bureau screening is undertaken.

The Registered Provider supervises the therapist on a monthly basis and this is formally recorded.

Staff appraisals and reviews are on-going and these are formally recorded.

The Clinic does not treat children, however the Clinic needs to devise a treatment of children policy.

There was no Protection of Vulnerable Adults Policy in place and this was to be drawn up immediately. The Manager was advised to contact and obtain a copy of the Protection of Vulnerable Adults file from appropriate social services department.

**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;	1 November 2007	Regulation (8)(1)(e)

**Good Practice Recommendations:**

A Protection of Vulnerable Adults File is to be obtained from the local Social Services Department.

## COMPLAINTS MANAGEMENT (C16 – C18)

<b>Inspector's findings:</b>
The Clinic has a complaints policy and the procedures clearly outline the process for patients in how to make a complaint.  No complaints received by 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		

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

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

**Inspector's findings:**

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

Policies and procedures are in place. Health and Safety and risk management is undertaken by staff.

Fire drills and training are carried out.

Maintenance procedures are carried out according to the programme.

Portable Appliance Testing had not been undertaken and this has to be done immediately.

Equipment is maintained and serviced as required and records are available with service dates.

Daily checks are also carried out on the equipment.

**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 November 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.

There is a mechanism in place to deal with alert letters regarding Medical Advice Agency information and National Health Service alerts.

In the event of a collapse, the emergency services will be contacted.

**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

## RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

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

Individual patient records are maintained and stored separately and securely. Only the Registered Provider has access to the key.

Patients 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.

All staff are made aware of the need for patient confidentiality.

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

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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:**

Miss Evans 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 Provider, Miss Evans 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, however this needed to be updated and reviewed.

A set of laser local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard, however, it was noted that they had expired and the Laser Protection Adviser (Mr. Godfrey Town) needed to produce an updated version.

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

Records are maintained each time that the laser is used.

The treatment register needed to be reviewed and updated to include the serial number of the IPL System and a column for the operator's signature. A key to the authorised users name and signature to be placed in the front of the register.

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

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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.	11 November 2007	Regulation 41(1)

**Good Practice Recommendations:**

None

**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. This training should be refreshed every 3 years and the authorised users should undertake update training at the earliest opportunity.

Training certificates in the name of Sarah Evans were provided for the use of the IPL system. The treatment log is a 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.

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

**Inspector's findings:**

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 is satisfactory in terms of markings and the level of protection afforded.

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.

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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:** 17<sup>th</sup> January 2008

**Inspector's Signature:**

