

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

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

DATE OF INSPECTION

18 March 2009

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

You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Healthcare Inspectorate Wales.

INSPECTION REPORT

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

Healthcare Provision:	The Beauty Spot
Contact telephone number:	01291 626260
Opening Days/Hours	Monday/Wednesday 9.00 am – 9.00 pm Tuesday/Thursday 9.00 am – 2.30 pm Friday 9.00 am – 7.00 pm Saturday Alternative
Registered Provider:	Mrs S Davies
Responsible Individual	N/A
Registered Manager:	N/A
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	16 May 2006
Date of publication of this report:	29 th July 2009
Date of previous published report:	17 th January 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 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 Beauty Spot was inspected during the afternoon of the 18th March 2009 by an Inspection Manager from Healthcare Inspectorate Wales,

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

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

The Intense Pulsed Light treatment was offered in a separate room within the Clinic.

Patients' records were kept separately and appropriately maintained. Documentation and information relating to the Intense Pulsed Light was detailed and given to all patients, pre and post treatment.

The Registered Provider had attended appropriate courses and training 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.
- A tour of the premises.

The Inspector would like to thank the Registered Provider for her 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.
- Name and address of registered provider.
- Organisational structure
- The kinds of treatment available.
- The range of needs.
- Disability access.
- Visual impairments.
- Arrangements for consultations and treatments.
- Complaints procedure.
- Client's privacy and dignity.

Patient's Guide

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

- A summary of the statement of purpose.
- Terms and conditions.
- Consent form.
- Complaints procedure.
- Summary of patient consultation results.
- Inspection report.

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

Action Required	When Completed	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.	Confirmed during inspection visit undertaken on the 18 th March 2009	Regulation 5 (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
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 prior to any treatment being given. A random sample of patient records was examined and the following observations made:

- A comprehensive client information card was available.
- A medical questionnaire had been completed.
- There was documentation to indicate that a test patch was routinely undertaken prior to any treatment.

Quality of Care and Management of Patient Conditions

Treatment provided to patients appeared in line with appropriate guidelines and the policies and procedures for the clinic.

Patient Satisfaction Questionnaires

The Inspection Manager was informed that attempts had been made to engage patients through questionnaires but there had been a lack of interest and very few questionnaires have been returned.

Policies and Procedures

There was a range of policies and procedures in place and these covered an appropriate range of operational areas within the clinic.

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 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.	Confirmed during the inspection visit undertaken on 18 March 2009.	Regulation 8 (1) (g)

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 in or for the purpose of an establishment. This system shall provide for consultation with patients and their representatives.	30 September 2009	Regulation 16 (1) & (3)

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 and experience to undertake the treatments specified within the conditions of registration. The provider had attended the "core of knowledge" training.</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 a summary of the framework available, however, there no Protection of Vulnerable Adults Policy in place. This was an outstanding requirement from the previous inspection report that needs to be addressed as a matter of urgency. In addition the registered provider had not undertaken Protection of Vulnerable Adults training</p> <p><u>Protection of Vulnerable Children</u> The clinic does not treat children however the registered provider needs to devise a treatment of children 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
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; A Protection of Vulnerable Adults policy and a treatment of children policy needs to be devised	1 November 2007	Regulation 8 (1) (e)

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

<p>Good Practice Recommendations:</p> <p>The registered provider to attend Protection of Vulnerable Adults training.</p>

COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:

Complaints Process

A complaints policy and procedure was available and this outlined the process for patients in how to make a complaint. A copy of the complaint's procedure was displayed in the reception area of the clinic.

The complaints book was examined and the one complaint received was fully documented.

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 near the centre of Chepstow town and parking was available nearby. The treatment room was clean, tidy and appropriately maintained and was appropriate for the range of treatments that were offered at the establishment.

Certificates and Testing

A number of certificates/maintenance contracts were randomly examined during the inspection and the following observations made:

- Portable electrical appliance testing was undertaken on the 17th March 2009.
- A five yearly electrical wiring certificate was available and dated the 30th April 2006.
- The fire extinguishers checks were undertaken on the 11th September 2008.

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.	Current portable appliance testing had been undertaken on the 17 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)

<p>Inspector's findings:</p> <p><u>Risk Management</u> A risk assessment was in place in relation to the Intense Pulsed Light machine. A range of other risk assessments were also available. There was a mechanism in place to deal with alert letters regarding the Medical Advice Agency and National Health Service alerts. There was a list of fire safety rules in place but no fire risk assessment was available.</p> <p><u>Health and Safety</u> There were a number of health and safety policies and procedures in place.</p> <p><u>Fire Training.</u> A fire drill had been undertaken in March 2009, however there was no record of who had attended the drill and the outcome. This was discussed with the registered provider who agreed that any future fire drills would list the staff members who participated and the outcome of the fire drill. In addition, there was no record of recent fire training being undertaken.</p> <p><u>Resuscitation</u> The Inspection Manager was informed that in the event of a collapse, the emergency services would be contacted.</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 person shall take adequate precautions against the risk of fire and therefore a fire risk assessment is required.	15 th July 2009	Regulation 24 (4) (a)
The registered provider shall make arrangements for persons employed in the establishment to receive suitable training in fire prevention.	31 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 maintained and stored separately and securely. Only the registered provider had access to the key. Patient's health history was taken during the consultation session and records were maintained of all episodes of treatment and responses.

Confidentiality

The Inspection Manager was informed that all staff were made aware of the need for patient confidentiality.

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 S Davies Evans fulfilled the role of Laser Protection Supervisor (LPS) for the Clinic. One of the functions of an LPS is to ensure that the laser safety local rules were being complied with on a day-to-day basis. As the Registered Provider, Mrs S Davies assumed overall on-site responsibility for the use of the Intense Pulsed Light machine on the premises.

The Clinic had a comprehensive treatment protocol that fully satisfied the relevant standard.

A set of laser local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard. The local rules contained an appendix of the authorised users. The Laser Protection Adviser was Mr. Godfrey Town and his services had been retained for the period 11th November 2008 – 10th November 2009. The Laser Protection Adviser had produced an audit report on the 8th December 2008.

The clinic had a comprehensive treatment protocol that fully satisfied the relevant standard. Dr Ross Martin provided the treatment protocol and associated expert medical practitioner support. The treatment protocol had not been signed.

Records were maintained each time that the laser was used.

There was no treatment register available and this was discussed with the registered provider who agreed that one would be commenced.

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.	11 November 2007	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
None		

Good Practice Recommendations:

The expert medical practitioner should sign the treatment protocol.

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 any authorised users must undertake appropriate training.

Training certificates in the name of the registered provider were available for the use of the Intense Pulsed Light system.

Evidence of practitioners having planned and regular update training was available and continuing professional development (CPD) files were produced to evidence this.

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:

The room used for Intense Pulsed Light treatment was clearly defined as the controlled area. The treatment room was not used to access other areas.

An appropriate fire extinguisher was available

The eye protection provided by the Clinic was satisfactory in terms of markings and the level of protection afforded.

The Inspection Manager was informed that the patient and authorised operator routinely wear eye protection during Intense Pulsed Light treatment.

There were no reported equipment performance issues in relation to the Intense Pulsed Light machine.

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

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

Inspector's Name: Mr John Powell

Date: 29th July 2009

Inspector's Signature: