

# **HEALTHCARE INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

**Beauty Therapy & Electrolysis Clinic  
46a Commercial Street  
Newport  
NP20 1LP**

**DATE OF INSPECTION**

**10 December 2007**

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**Regulation Team**  
 Healthcare Inspectorate Wales  
 Bevan House  
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 Van Road, Caerphilly,  
 CF83 3ED

**INSPECTION REPORT**

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

<b>Healthcare Provision:</b>	Beauty Therapy & Electrolysis Clinic
<b>Contact telephone number:</b>	01633 258839
<b>Opening Days/Hours</b>	Monday – Friday 9.00 am – 5.30 pm Saturday 9.00 am – 1.00 pm
<b>Registered Provider:</b>	Mrs. Parker
<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>	29 September 2004
<b>Date of publication of this report:</b>	11 <sup>th</sup> August 2008
<b>Date of previous published report:</b>	18 <sup>th</sup> April 2007
<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 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 (HIW) undertook an announced inspection.

The treatment room and equipment was viewed and examined. The clinic is located on the 1<sup>st</sup> Floor of the Beauty Salon in the main pedestrian area and parking is available at nearby Pay and Display Car Parks.

The Intense Pulsed Light (IPL) treatment is 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 and all documentation and information relating to the Intense Pulsed Light treatment is detailed and given to all patients, pre and post treatment.

The Registered Provider and the beauty technicians attend appropriate courses and training on a regular basis.

All policies and procedures within the Clinic had been received on 1 December 2007.

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

### INFORMATION PROVISION (C1)

<b>Inspector's findings:</b>
A Statement of Purpose is available in the Clinic.
The Patient Guide was available and was a very comprehensive 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		

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

## QUALITY OF TREATMENT AND CARE (C2 – C7)

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

Patient questionnaires have now been drawn up and given to all patients. A summary of the findings is collated and is shown in writing and graphs are provided. All outcomes are placed in the Patient Guide.

All patients receive and complete and consent for which requests permission to take photographs.

A confidentiality policy has also been produced.

All policies and procedures have been reviewed and are time-dated.

### **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>
None		

### **Good Practice Recommendations:**

None

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

**Inspector's findings:**

The Certificate of Registration was displayed appropriately and the Registered Provider was advised that an updated copy with HIW's details would be provided shortly.

A formal training file has now been set up and all certificates were available.

A Protection of Vulnerable Adults (POVA) policy is now available within the Clinic.

The Registered Provider advised the Inspector that an updated version of the Social Services POVA policy has been received.

**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>
None		

**Good Practice Recommendations:**

None

## COMPLAINTS MANAGEMENT (C16 – C18)

**Inspector's findings:**

A complaints procedure is available and includes HIWs contact details. A copy of the policy is also available in the Patient Guide.

No complaints have 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:**

None

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

**Inspector's findings:**

It was noted that all maintenance checks were being carried out appropriately. All Portable Appliance Testing had been carried out and was due to be undertaken in December 2007.

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

It was noted that a fire risk assessment had been recently undertaken.

**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

## RISK MANAGEMENT (C22 – C30)

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

It was also noted that a risk assessment had been undertaken with reference to the other areas within the clinic.

Health and safety issues were addressed in the staff induction process.

The quality of goods and services are monitored and reviewed by the Registered Provider of the clinic.

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

The Local Authority disposes clinical waste (hazardous and non-hazardous) of weekly.

A Resuscitation Policy had been drawn up and was now in place.

### **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>
None		

### **Good Practice Recommendations:**

None

## RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

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

All patients' records are maintained and locked away separately in the treatment room.

A policy and procedure was available for the management and storage of patient's records.

A data protection policy was available in the Clinic.

During the consultation session, the history of the patient's health is taken and a consent form is signed prior to treatment.

A record is maintained for each time the laser is used and a standardised form is used for all treatments generated by the clinic.

### **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>
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		

**Good Practice Recommendations:**

None
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**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:**

A protocol was available for inspection and all policies and procedures and maintenance records had been sorted into separate files.

Individual client records seen and there is an equipment log sheet is kept for each use of the IPL machine.

There is a register of persons authorised to use or assist in the use of lasers and intense lights.

Authorised persons sign to indicate that they accept and understand the procedures drawn up for the use of lasers and intense lights in the registered establishment (the Local Rules).

Laser and intense light users have access to safety advice from a certificated laser protection adviser (LPA) which is Dr. Grace Carol-Ann Rees.

There was no treatment register available and the Inspector advised that a hardback book be set up. The register must include the serial number of the IPL System and a signature key for all authorised users.

**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>
A register if each occasion on which a technique or technology to which regulation 41 applies has been used, including the name of the patient in connection with whose treatment the technique or technology was used; the nature of the technique or technology in question and the date on which it was used; the name of the person using it.	1 February 2008	Schedule 3, Part II (3)

**Good Practice Recommendations:**

The treatment register must include the serial number of the IPL System and a signature key for all authorised users of the machine.

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

### Inspector's findings:

All users and those authorised to assist in the use of laser and intense pulsed light sources have received appropriate training, both planned and in reaction to relevant technological and medical developments.

The Registered Provider keeps evidence of articles read in the beauty magazines.

The Inspector advised the Registered Provider that all authorised users should receive Core of Knowledge update training as soon as possible. Discussions around the availability of such training took place and the Inspector advised the Registered Provider to either speak to her LPA or contact Dr. Greenfield at Flawless Medical to discuss training via an approved DVD facility. The manager will send confirmation of Core of Knowledge update training to Healthcare Inspectorate Wales (HIW) within the next two weeks.

### 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 registered person shall ensure that such a laser product or intense light source is used in or for the purposes of the hospital only by a person who has undertaken appropriate training and has demonstrated an understanding of:

The correct use of the equipment in question;

The risks associated with using a laser product or intense light source;

Its biological and environmental effects;

Precautions to be taken before and during use of a laser product or intense light source;

and action to be taken in the event of an accident, emergency, or other adverse incident.

### STANDARD P3: Safe Operation of Lasers and Intense Pulsed Lights

**Inspector's findings:**

The area around working lasers and intense pulsed light sources is controlled to protect other persons while treatment is in progress.

The controlled area is clearly defined and not used for other purposes, or as access to other areas, when treatment is being carried out.

The laser or intense light source is suitably positioned with the beam pointing away from the door and the control panel readily to hand.

The area towards which the laser or intense light source points contains the minimum of reflective or flammable materials.

While the equipment is being operated, the authorised user is responsible for the safety of all persons in the controlled area.

No other laser or intense pulsed light source is in use in the same controlled area at the same time.

All lasers and intense pulsed light sources have labels identifying them, their wavelength or range of wavelengths and maximum output power of radiation emitted.

Suitable warning signs for lasers or intense light sources are displayed outside of the controlled area.

Warning signs are not on permanent display but are activated (e.g. illuminated or put up) only when the laser or intense light equipment is in operation.

**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:** Catherine Lang

**Date:** 11<sup>th</sup> August 2008

**Inspector's Signature:**

