

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

**Beauty Within Medi Spa
High Street, Cowbridge**

DATE OF INSPECTION

13 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:	Beauty Within Medi Spa
Contact telephone number:	01446 774980
Opening Days/Hours	Monday – Friday 9.00 am – 7.00 pm Saturday 9.00 am – 5.30 pm
Registered Provider:	Mr Neil Thomas Moaksom
Responsible Individual	N/A
Registered Manager:	N/A
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	11 August 2000
Date of publication of this report:	28 January 2008
Date of previous published report:	2 March 2007
Lead Inspector:	Catherine Lang – Inspection Officer
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

Beauty Within is a purpose built beauty salon, health and skin care clinic registered to administer cosmetic laser treatments. The Clinic is situated in the main shopping area of Cowbridge, in the Vale of Glamorgan and is privately owned by the Directors Mr Neil Moaksom and Ms Amanda Nugent.

The inspection was carried out by one inspector from Healthcare Inspectorate Wales (HIW). The inspection comprised of information available to HIW prior to the inspection, discussion and examination of the documentation used and the inspection of the laser clinic.

The clinic provides extensive recorded evidence pre and post treatment to clients. Along with a clients satisfaction survey sheet, these records also form a large portion of the quality monitoring method employed by the clinic.

The Inspector thanked Mr. Moaksom and his staff for their time during the inspection.

INFORMATION PROVISION (C1)

Inspector's findings:

The Statement of Purpose is available and includes up to date information in respect of the contact details for HIW.

A Patient Guide is available within the Clinic but it needed to be updated to include a summary of the Statement of Purpose, a summary of the Complaint's procedure and a copy of latest inspection report.

Following the inspection, this work has now been 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
The registered person shall produce a written guide to the establishment (in these Regulations referred to as "the patient guide") which shall include: A summary of the statement of purpose; The terms and conditions in respect of services to be provided for patients, including as to the amount and method of payment of charges by patients for all aspects of their treatment; A standard form of contract for the provision of services and facilities by the registered provider to patients; A summary of the complaints procedure established under Regulation 22;	1 February 2008 Completed 23/01/08	Regulation 6(1)

A summary of the results of the most recent consultation conducted in accordance with Regulation 16(3);
The address and telephone number of the appropriate office of the National Assembly; and

The most recent inspection report prepared by the National Assembly or information as to how a copy of that report may be obtained.

Good Practice Recommendations:

None

QUALITY OF TREATMENT AND CARE (C2 – C7)

Inspector's findings:

All patients receive a private consultation and any medical conditions are identified and recorded appropriately.

All patients sign a consent form and this is retained in the individual patient records.

A patient questionnaire is given out at each consultation and an audit is undertaken and the results are made available in the Clinic and the Patient 's Guide.

Detailed information sheets regarding treatments are available for patients. Patients are encouraged not to receive treatment on the same day as consultation but to consider the options available before proceeding.

A comprehensive set of policies and procedures are available and all are time-dated and these policies cover all aspects of practice at the Clinic. However, it was noted that although the computerised system contained the latest updated version, manual copies are to be printed and placed in the appropriate files within the Clinic.

Since the inspection, this work has now been completed.

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:

Manual copies of policies and procedures should be placed in appropriate files (Completed 23/01/08).

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:

A job description is available for the Registered Manager and reflects the responsibilities as set out in the Regulations and National Minimum Standards.

All staff receive annual appraisals and this is documented appropriately.

A Protection of Children file was available in the Clinic and update training has been undertaken for all staff. It was noted by the Inspector that there were no policies in relation to the treating of children between 16-18 years and these are to be drawn up immediately.

Clear policies and procedures are in place and meet the required standards in respect of Adult Protection issues.

CRB checks are undertaken and recorded on all staff and these are reviewed every three years.

All Certificates of Registration must be displayed conspicuously within the Clinic.

Since the inspection, this work has now been completed.

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 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 the arrangements for assessment, diagnosis and treatment of patients.	1 February 2008 Completed 23/01/08	Regulation 18(1)(b)

Good Practice Recommendations:

None

COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:

A comprehensive complaints procedure is in place and meets the required standards and includes up to date information on HIW's contact details.

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:

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

All maintenance policies and procedures are in place. Health and Safety, risk management is undertaken by staff.

Fire drills and training are carried out.

Portable Appliance Testing was undertaken in November 2007.

Gas Safety was undertaken in January 2007.

All fire safety was undertaken appropriately.

All machines had been serviced within the last six months.

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:

A risk assessment policy is in place and this is reviewed annually.

All health and safety measures are undertaken and access to safety advice is received from a certified Laser Protection Adviser.

All accidents are reported but to date, no accidents and been reported at the Clinic.

It was noted that there was no medication is stored at the Clinic.

An infection control policy is in place within the Clinic.

A Resuscitation policy is in place within 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

RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

Inspector's findings:
All records are maintained and stored appropriately within the Clinic. Patient's have access to their individual files if requested but there is a nominal charge involved.

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:

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:

Mr. Moaksom fulfils 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 are being complied with on a day-to-day basis. As the Registered Person, Mr. Moaksom 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. Dr. Ross Martin provides the treatment protocol and associated expert medical practitioner support.

A set of laser local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard. Although there was a service agreement in place for Laser Protection advice but this had expired and this needs to be updated immediately. Since the inspection, contact has been made with Mr. Bill Davies and an updated service agreement is awaited.

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

The clinic has access to a certified LPA (Bill Davies)

Records are maintained each time that the laser is used clinically.

There was no treatment registers available in the Clinic and the Inspector advised the Registered Provider that these must be put in place immediately.

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
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), Regulation 20(1),(3)

Good Practice Recommendations:

The serial number of the machine is to be placed in the front of the treatment register.

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. However, it was noted that core of knowledge update training is required within the next six months. Since the inspection, a Training DVD from the British Medical Laser Association has been purchased and in-house training is being undertaken.

Training certificates for all staff were provided for the use of the IPL system.

Evidence of practitioners having planned and regular update training was available.

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 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.	1 June 2008 Completed 23/01/08	Regulation 41(2)

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 appears 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.

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		

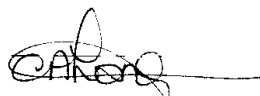
Good Practice Recommendations:

None

Inspector's Name: Catherine Lang

Date: 28 January 2008


Inspector's Signature:



REPORT RESPONSE

Name of Registered Setting	Beauty Within Medi Spa
Inspection Year	2007 to 2008

Authorisation for release of Draft Report

Inspector		DATE: 28/01/08
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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 <small>(Where applicable)</small>	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)

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Draft Stage

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Final Stage (if amended)

Authorised Officer:	Signature:	Date:
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