

# **HEALTHCARE INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

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

**DATE OF INSPECTION**

**26 January 2009**

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

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## INSPECTION REPORT

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

|  |   |
|--|---|
| <b>Healthcare Provision:</b>                         | Beauty Within Medi Spa  |
| <b>Contact telephone number:</b>                     | 01446 774980  |
| <b>Opening Days/Hours</b>                            | Monday – Friday 9.00 am – 7.00 pm<br>Saturday 9.00 am – 5.30 pm |
| <b>Registered Provider:</b>                          | N/A   |
| <b>Responsible Individual</b>                        | Mr Neil Moaksom   |
| <b>Registered Manager:</b>                           | Nr Neil Moaksom   |
| <b>Number of places:</b>                             | N/A   |
| <b>Category:</b>                                     | Independent Hospital providing a 'Listed Service'               |
| <b>Date of first registration:</b>                   | 11 August 2000  |
| <b>Date of publication of this report:</b>           |   |
| <b>Date of previous published report:</b>            | 28 January 2008   |
| <b>Lead Inspector:</b>                               | John Powell   |
| <b>Specialist Inspectors/Advisors/<br/>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**

Beauty Within Medi Spa was inspected during the morning of the 26<sup>th</sup> January 2009 by an Inspection Manager from Healthcare Inspectorate Wales.

Beauty Within Medi Spa is located in the main High Street in Cowbridge, and there is a car park to the rear of the clinic. The treatment room was located on the ground floor and during the visit the room was noted to be clean and tidy and appropriate for the range of treatments available at the premises.

The clinic is registered for a range of treatments including: hair removal, skin resurfacing, tattoo removal, fine line reduction acne treatment, removal of veins and vascular lesions, skin depilation and photo rejuvenation. The clinic is registered to use the Dornier Medillas D Diode Laser, Soprano Diode Laser, Harmony Multi application platform with Erbium Pixel Attachment Laser and a QS Nad Yag Laser and a Plasmalite Intense Pulsed Light system. In addition, at the time of formulating the report the provider had also submitted an application to register a Chromogenix – I Lipo Class 3b Laser for fat reduction and body contouring.

The Inspection Manager implemented a number of methodologies during the visit and these consisted of:

- Examination of documentation.
- Discussion with the registered provider.
- Examination of the self assessment questionnaire.
- A tour of the premises.

The Inspection Manager would like to thank Mr Neil Moaksom for his 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.
- ... Information about the service provider.
- ... The number of staff, relevant qualifications and experience.
- ... The organisational structure.
- ... The kinds of treatment offered.
- ... The range of needs (client profile).
- ... Treatment of children – this section of the statement of purpose stated that the clinic treat clients under the age of 18, this needs to more accurately reflect the condition of registration namely that the clinic is registered to provide treatment for persons between the ages of 16 and 18.
- ... Disability access.
- ... Clinic facilities.
- ... The arrangements for consultations.
- ... Information provision for clients.
- ... Child protection procedures.
- ... Complaints procedure and access.

#### **Patient's Guide**

A patients guide was available and this covered the following areas:

- ... A summary of the statement of purpose.
- ... The terms and conditions in respect of services provided, this included a price list.
- ... Patient's contract.
- ... A summary of the complaints procedure.
- ... A summary of the results of the most recent patient consultation.

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

| Action Required   | When Completed  | Regulation Number |
|---|-----------------|-------------------|
| <p>The registered person shall produce a written guide to the establishment (in these Regulations referred to as “the patient guide”) which shall include:<br/>                     A summary of the statement of purpose;<br/>                     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;<br/>                     A standard form of contract for the provision of services and facilities by the registered provider to patients;<br/>                     A summary of the complaints procedure established under Regulation 22;<br/>                     A summary of the results of the most recent consultation conducted in accordance with Regulation 16(3);<br/>                     The address and telephone number of the appropriate office of the National Assembly; and</p> | 23 January 2008 | Regulation 6 (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:**

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| None |
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## QUALITY OF TREATMENT AND CARE (C2 – C7)

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

#### **Patient Centred Care**

The clinic had a policy on the area of advance directives, however due to the nature of treatments offered at the establishment it was unlikely that any patient would present themselves for treatment with advanced directives. There was a range of facilities that enabled patients to have confidential discussions with clinical staff. A random sample of patient records was sighted and the following observations were made:

- ... A consultation form was completed for all patients.
- ... A patient consent for treatment had been completed.
- ... Individual treatment records were available for all patients.

#### **Quality of Care and Management of Patient Conditions**

The registered manager had attended the "Core of Knowledge" training and a training DVD on this area was available for staff. A process of clinical audit had been developed.

#### **Patient Satisfaction Questionnaires**

The Inspection Manager was informed that a comprehensive patient survey had been undertaken in October 2008 and approximately 220 responses had been received. An analysis of the responses had been undertaken.

#### **Policies and Procedures**

There was a range of policies and procedures in place and these were all time dated. The policies covered a range of operational areas 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:**

Staff to wear identification badges showing their name and position held

## MANAGEMENT AND PERSONNEL (C8 – C15)

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| <p><b>Inspector's findings:</b></p> <p><b><u>Registered Manager</u></b><br/>The registered manager had the qualifications, skills training and experience to undertake the treatments specified within the conditions of registration. In addition to the registered manager there were two other members of staff who were authorised to use the Intense Pulsed Light and Laser machinery.</p> <p><b><u>Human Resources – Policies and Procedures</u></b><br/>There was a range of policies in place and those examined reflected current employment legislation.</p> <p><b><u>Practising Privileges</u></b><br/>There was a medical practitioner with practising privileges at the clinic but they were not involved with Intense Pulsed Light/Laser treatments.</p> <p><b><u>Protection of Vulnerable Children</u></b><br/>A new procedure had been formulated and implemented in relation to patients treated who were 16 or 17 years of age.</p> <p><b><u>Protection of Vulnerable Adults</u></b><br/>The clinic had a policy and procedure in place in relation to the area of adult protection.</p> |
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### 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 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. | 23 January 2008 | Regulation 18(91) (b) |

**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:**

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| None |
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## COMPLAINTS MANAGEMENT (C16 – C18)

### Inspector's findings:

#### Complaints Process

A comprehensive complaints procedure was in place and this stated that all complainants would receive a written acknowledgement of their complaint within 2 working days. In addition, the procedure stated that a full response, to the complaint, would be made within 20 working days. The Inspection Manager was informed that no complaints had been received since the last inspection visit.

#### Whistle-blowing

A whistle-blowing policy and procedure was not sighted during the visit.

### 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 manager to send a copy of their whistle-blowing policy and procedure to HIW. | 31 May 2009              | Regulation 22 (1) |

### Good Practice Recommendations:

None

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

### Inspector's findings:

#### Premises

The clinic is located within a beauty and medi spa and the reception area was light, welcoming and comfortable. The treatment room was located on the ground floor and this was appropriate for the range of treatments that the clinic was registered to provide.

#### Certificates and Testing

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

- ... Portable electrical appliance testing was undertaken on 20 January 2009.
- ... Fire extinguisher checks had been undertaken on 22 August 2008.
- ... A gas safety certificate was available and dated March 2008.
- ... A 5 yearly wiring certificate was available and dated 21 February 2005, however, this was in relation to the new extension and not the entire premises.
- ... The emergency lighting system had been checked on the 14 July 2008.
- ... A contract for servicing the intense Pulsed Light machines was dated 19 January 2009.

### 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 copy of the 5 yearly wiring certificate has now been supplied to HIW. | Completed                | Regulation 24 (1) (d) |

### Good Practice Recommendations:

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| None |
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## RISK MANAGEMENT (C22 – C30)

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| <b>Inspector's findings:</b>  |
| <b><u>Risk Management</u></b><br>A risk assessment policy was in place and this was reviewed annually.  |
| <b><u>Infection Control</u></b><br>An infection control policy and procedure was in place.  |
| <b><u>Resuscitation</u></b><br>There was a sentence within the statement of purpose in relation to this area, however it did not contain sufficient detail. |

### 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 written resuscitation policy needs to be developed. | 31 May 2009              | Regulation 8 (1) (e) |

### Good Practice Recommendations:

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| None |
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## RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

**Inspector's findings:**

**Information Management**

Patient records were stored securely in a locked cupboard within the treatment rooms and access to this was restricted to authorised users of the Intense Pulsed Light/Laser machines.

**Confidentiality**

The registered manager stated that all staff were very aware of the need for patient confidentiality. There was a records policy that the registered manager stated complied with the Data Protection Act. The policy addressed the areas of handling information and copies of patient records would be made available to individual patients for a set charge. The policy also considered the implications of the Caldicott report on the review of identifiable patient 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:**

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| None |
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## RESEARCH (C34)

**Inspector's findings:**

The Inspection Manager was informed that no research was carried out at the 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**

| <b>Inspector's findings:</b>  |
|---|
| <p>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 manager/responsible individual, Mr. Moaksom assumed overall on-site responsibility for the use of Intense Pulsed Light and Laser machines on the premises.</p> <p>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.</p> <p>A number of local rules were inspected and found to be comprehensive enough to fully meet the requirements of the relevant standard. There was a service level agreement with Mr Bill Davies and he was the nominated Laser Protection Advisor (LPA). An audit had been undertaken by the LPA and recommendations from the audit had been implemented.</p> <p>A register of authorised users exists and had been signed by the appropriate person.</p> <p>Records were maintained each time that the laser was used and treatment registers were available in the individual treatment rooms. The serial number of the machines was placed in the front of the treatment register.</p> |

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

| <b>Action Required</b>  | <b>When Completed</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. | December 2008         | Regulation 20 (1) (3)<br>Schedule 3, part 2 (3) |

**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:**

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

### Inspector's findings:

The registered manager was able to provide evidence of appropriate core of knowledge safety training for the current practitioners and in addition, a DVD, from the British medical Association, was available in relation to the core of knowledge training .

Training certificates for all staff were provided for the use of the Intense Pulsed Light 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 |
|--|-----------------|-------------------|
| 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:<br>The correct use of the equipment in question;<br>The risks associated with using a laser product or intense light source;<br>Its biological and environmental effects;<br>Precautions to be taken before and during use of a laser product or intense light source; and<br>Action to be taken in the event of an accident, emergency, or other adverse incident. | 23 January 2008 | Regulation 41 (2) |

### 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/Laser treatment was clearly defined as the controlled area and this room was not used for any other purposes.

The eye protection provided by the clinic appeared satisfactory in terms of markings and the level of protection afforded and the Inspection Manager was informed that both the authorised user and patient routinely wear eye protection during treatment.

The Intense Pulsed Light/Laser machinery was regularly serviced and maintained and a record of servicing and repairs was available for inspection.

It was 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:**

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| None |
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**Inspector's Name:** John Powell

**Date:** 21<sup>st</sup> April 2009

**Inspector's Signature:**