

# **HEALTHCARE INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

**Body Talk Beauty Salon  
Market Street  
Caernarfon  
LL55 1RT**

**DATE OF INSPECTION  
11<sup>th</sup> April 2008**

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**INSPECTION REPORT**

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

<b>Healthcare Provision:</b>	Body Talk Beauty Salon
<b>Contact telephone number:</b>	01286 676163
<b>Opening Days/Hours</b>	Monday – Fridays 9.00 am – 5.30 pm
<b>Registered Provider:</b>	Karen Copperwaite
<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>	4 <sup>th</sup> January 2005
<b>Date of publication of this report:</b>	16 <sup>th</sup> June 2008
<b>Date of previous published report:</b>	6 <sup>th</sup> December 2007
<b>Lead Inspector:</b>	P Price
<b>Specialist Inspectors/Advisors/ Observer:</b>	Mr M Warsop

## **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**

An inspection team of two inspected Body Talk Beauty Salon.

Policies and other documentation were examined. The treatment room and equipment was also viewed and examined. The clinic room is located in a beauty salon and parking is available on the main road outside or in a nearby car park.

The treatment room is clean, tidy and appropriately maintained and all procedures, records and equipment were available and in order. Policies and procedures are detailed and comprehensive, have been reviewed, and are time- dated.

Patient records are kept separately and securely. Documentation and information relating to IPL treatment is detailed and given to all patients, pre and post treatment.

The Registered Provider has attended appropriate courses and received updates on a regular basis.

The inspection team would like to thank the staff for their time and co-operation during the unannounced inspection.

## **METHODOLOGIES USED IN THIS INSPECTION**

- Unannounced Inspection.
- Review of information, policies and procedures present in establishment.
- Discussion with the staff.
- Examination of records maintained within the hospital.
- Visual inspection of the room and its facilities.
- Follow up discussion with the staff.

## INFORMATION PROVISION (C1)

**Inspector's findings:**

The Statement of Purpose and Patients Guide contained all the relevant required information. It was also noted that the Statement of Purpose is given to all patients during consultation.

The staff member was advised to ensure that the Statement of Purpose was displayed in the Reception area. This had been noted in the previous inspection.

Results of the patient questionnaires are 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
None		

**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.

All patients receive questionnaires with regard to the quality of their treatment and care. Outcomes will be noted and acted upon. Results have been audited and the findings are available.

Comprehensive policies and procedures in place 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>
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 purposes of an establishment.	April 2008	Regulation 16(1)

### **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 Registered Provider 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. Staff Criminal Records Bureau screening undertaken.

Monthly staff supervision is undertaken and recorded. A system for staff annually appraisal is in place.

The clinic does not treat children.

A Protection of Vulnerable Adults (POVA) file is available from the local Social Services Department. However, it was noted that Protection of Vulnerable Adults staff training update is due. This should be undertaken within the next six months. Confirmation of training update must be forwarded to Healthcare Inspectorate Wales (HIW).

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

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
Information required in respect of persons seeking to carry on, manage or work at an establishment in any case, a criminal record certificate issued under Section 113 of that Act in respect of which less than three years have elapsed since it was issued.	November 2007	Regulation 18 Schedule 2

### **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 complaint's policy and procedure is available. The complaint's policy and procedure clearly outlines the process for patients in how to make a complaint. No complaints have been received to date.

Whistle blowing policy and procedure in place.

The manager normally sees the staff on a daily basis, and is available by telephone if required.

**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 intense pulsed light (IPL) machine was located within a dedicated room to the rear of the ground floor of the premises.

The room was clean, and maintained to an acceptable standard and appropriate for the treatments carried out.

The room was furnished with a treatment couch, wash hand basin and the Lynton Luminette IPL machine.

A Periodic Re-inspection of the electrical wiring installation was not available, and a copy is to be forwarded to Health care Inspectorate Wales (HIW).

Portable electrical appliances had been tested in September 2007, and a gas safety inspection certificate was available, dated 14<sup>th</sup> November 2007.

No information was available for fire alarms and emergency lighting, and if these systems are installed, then copies of information should be forwarded to Healthcare Inspectorate Wales (HIW).

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

Records of Fire training and Fire Drills were not checked on this occasion, and these should be taking place on at least two occasions a year. Confirmation to be forwarded to Healthcare Inspectorate Wales (HIW).

The servicing of the CO<sub>2</sub> fire extinguisher for the IPL area had lapsed, and should have been serviced on 27<sup>th</sup> February 2008.

Maintenance procedures are carried out according to the programme.

Equipment is maintained and serviced as required. Records available with service dates. Daily checks are also carried out on the equipment.

A fire risk assessment for fire safety needs had been undertaken and was evidenced.

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

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
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 action to be taken in the event of an accident, emergency or other adverse incident.	December 2007	Regulation 41(2)(e)

**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>
1.Forward copies of test certificate for electrical wiring installation. Also fire alarms and emergency lighting, if fitted.	May 2008	Regulation 24(1)(d) Regulation 24(4)(a)
2.Update servicing of fire extinguishers.	May 2008	Regulation 24(4)(a)

**Good Practice Recommendations:**

Ensure that fire training and fire drills are carried out at least twice a year.
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## RISK MANAGEMENT (C22 – C30)

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

Risk management policy and procedure in place. The manager reviews and undertakes risk assessments.

Policy and procedures in place and Health and Safety issues are covered in the staff induction process.

Policy and procedure is available in relation to Infection Control. Staff members are aware of the importance of infection control procedures.

The Registered Provider is responsible for reviewing monitoring and reviewing the quality of goods and services provided at 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

## RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

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

Policy and procedures in place. Individual patient records are maintained and stored separately in a cabinet.

The patient's health history is taken during the consultation session. 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 as it is covered during staff induction. Policy and procedure in place. The Clinic complies with the Data Protection Act.

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

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
The registered person shall ensure that the medical record for a person who is currently a patient is kept in a secure place in the establishment premises.	October 2007	Regulation 20(2)(a)

### **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:**

The clinic had medical protocols in place, which had been prepared by Dr. Ross Martin of Lynton Lasers. These had been signed and dated as 31<sup>st</sup> January 2005.

The Local Rules had been produced by Dr. Andrew Berry, who had taken over the role of the Laser Protection Adviser from Dr. Ross Martin. Appropriate qualifications and certificates were available.

Dr. Berry was contracted to this role from 21<sup>st</sup> July 2007 until 20<sup>th</sup> July 2008, and had visited the premises on 17<sup>th</sup> July 2007.

Subsequent to this visit, revised Local Rules, dated 17<sup>th</sup> July 2007, had been issued.

The Laser Protection Supervisor for the premises was Karen Copperwaite.

All three operators of the Intense Pulse Light (IPL) machine, Karen Copperwaite, Wendy Blake and Elen Thomas had all signed up to the Local Rules, as operators of the IPL machine.

**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 P2 : Training for Staff using Lasers and Intense Pulsed Lights

### Inspector's findings:

Initial training in laser safety core of knowledge (National Minimum Standard P2.1) had been received from a course run by Lynton Lasers, and the certificates from these courses were previously inspected.

Karen Copperwaite and Wendy Blake had both attended a clinical update training session with Samantha Hills at Lynton Lasers on 16<sup>th</sup> April 2008. The information gained on this session was cascaded to other operators of the IPL machine.

### 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 IPL controlled area was laid out in a safe manner in accordance with Standard P3.1. The window was covered with a blind, and there were no mirrors in the treatment room.

The operators understand that they are responsible for the safety of others during IPL Use, and that the trolley in the treatment room be covered or removed when undertaking treatments.

The IPL was appropriately labeled with the wavelength and power outputs of the machine, and there was a suitable warning sign on the door to the treatment room.

Protective eye wear was available, and these were OD5 rated for the operator, with metal eye shields for the patient.

Skin type and pigmentation are checked as part of the written treatment protocol. Epilepsy is listed as a contraindication.

The key to the IPL is kept in a safe, but as there are currently three operators using the machine, a record book should be maintained for issuing and return of the key.

The IPL had been serviced on 11<sup>th</sup> July 2007, and a copy of the service report was available. In accordance with the Local Rules, servicing should take place twice a year.

#### 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
Ascertain correct frequency of servicing requirements from LPA, and implement accordingly	May 2008	Regulation 41(2)(a)

#### Good Practice Recommendations:

None

## **ACTION PLAN FROM REPORT**

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

The focus of the inspection and report for this year has been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

Submission of a detailed action plan in relation to the 0 outstanding and 2 new requirements is required as a result of this report as set out below.

### **New requirements from this inspection:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
i. HIW requires the submission of an action plan addressing all the requirements made this (2) year and those carried forward (0) in this report. The action plan must clearly identify 1. the requirement, 2. the action to be taken, 3. person responsible, 4. due date for completion, 5. and a status report as of the day of the action plan. 6. The plan must be reviewed 3 monthly, and a copy submitted to HIW on the last day of the third month until all requirements have been met.		Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i>

**Inspector's Name:** P Price

**Date:** 19<sup>th</sup> May 2008

**Inspector's Signature:**

