

Inspection Date:	Inspection Manager:
3 September 2009	Mr John Powell

Inspection report 2009/2010

Body Talk Limited
17 Market Street
Caernarfon
LL55 1RT

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers, who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and main findings

An announced inspection was undertaken at Body Talk on the 3rd September 2009 by an Inspection Manager. The Clinic was first registered on the 4th January 2005 and is registered to provide a range of treatments using Intense Pulsed Light technology.

The responsible individual/registered manager submitted a range of documents as part of the inspection process. Unfortunately a completed pre-inspection questionnaire was not received prior to the inspection visit. The inspection focused upon the analysis/examination of a range of documentation including patients records, discussion with an authorised operator of the Intense Pulsed Light system and a tour of the treatment room.

In respect of the main inspection findings, the registered person had the following in place:

- A system of patient questionnaires where patients had given their views on the quality of treatment and care provided.
- Authorised operators had signed to state that they were fully aware of the local rules that covered the safe use of the Intense Pulsed Light system.
- A range of maintenance and servicing certificates for the establishment.

In respect of the other inspection findings, the registered person failed to have the following in place:

- A number of key policies and procedures including: a policy on the protection of vulnerable adults an infection control policy that covered universal infection control procedures, a resuscitation policy and a records policy for the creation, management, handling, storage and destruction of records.
- A central register of policies and procedures that included the title, issue date, review date and confirmation that all policy and procedure documents had been circulated.
- Staff had signed to state that they were aware of the fire risk assessment but no copy of this document could be located during the inspection visit.
- There was no record that staff had attended fire training in relation to the procedures to be followed in the event of fire.
- There were no details of a comprehensive cleaning regime for all patient areas.

The Inspection Manager would like to thank the member of staff for her time and co-operation during the inspection visit.

Achievements and compliance

During the previous inspection report 3 requirements and 1 good practice recommendation had been identified. However, only 2 of the requirements had been addressed, the 3rd requirement to ascertain the correct frequency of servicing, of the Intense Pulsed Light machine and to implement accordingly had not been addressed. In relation to the good practice recommendation, the implementation of fire training for staff had not been addressed. It is therefore essential that all the outstanding requirements and good practice recommendations are implemented as a matter of urgency.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service.

Description
Independent Hospital
This establishment is registered as an Independent hospital providing a listed service using a prescribed technique or prescribed technology:
<ul style="list-style-type: none">• Laser or Intense Pulsed Light Source

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
(1)	<p>The registered person will not provide medical or psychiatric services of any kind nor any "listed services" as defined by section 2(7) of the Care Standards Act 2000 other than those set out in paragraphs 1a) below:</p> <p>Treatment using an intense pulsed light system as referred to in regulation 3(1)(b) of the Private and Voluntary Health Care (Wales) Regulations 2002.</p>	Compliant.
(2)	<p>In relation to the treatment specified in condition 1a) above the registered person must only use the Lynton Laser Luminette Intense Pulsed Light System and only for the following purposes:</p> <ul style="list-style-type: none"> a) Hair Removal b. Vascular Lesions c. Pigmented Lesions d. Skin Rejuvenation e. Acne Treatments 	Compliant.
(3)	No persons under the age of eighteen (18) years can receive treatment.	Compliant.
(4)	Overnight accommodation must not be provided at the establishment.	Compliant.

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at 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.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient – centred	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not applicable
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard not met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard not applicable
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard not applicable

Number	Standard Topic	Assessment
C13	Patients and personnel are not infected with blood borne viruses	Standard not inspected
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard almost met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard not applicable
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard almost met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard not applicable
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard not applicable
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard almost met
C28	Patients are not treated with contaminated medical devices	Standard not applicable
C29	Patients are resuscitated appropriately and effectively	Standard almost met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard almost met
C32	Patients are assured of appropriately competed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not applicable

Service specific standards- these are specific to the type of establishment inspected

Number	Prescribed Techniques and Technology Standards	Assessment
	Class 3B and 4 Lasers and / or Intense Pulsed Light Sources	
P1	Procedures for use of lasers and intense pulsed lights	Standard met
P2	Training for staff using lasers and intense pulsed lights	Standard met
P3	Safe operation of lasers and intense pulsed lights	Standard almost met

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Almost met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C7 & C29	34 (1)	<p>Findings There was no policy or procedure on the area of resuscitation.</p> <p>Action Required The registered person is required to prepare and implement a written policy and procedures to be followed in relation to resuscitation of patients.</p>	Within 28 days of the date of this report.
C19	24 (4) (a) & (c)	<p>Findings Staff had not attended recent training in fire prevention. In addition, there was no record of the fire risk assessment.</p> <p>Action Required The registered person is required to:</p> <ul style="list-style-type: none"> • Take adequate precautions against the risk of fire, including the provision of a fire risk assessment. • Make arrangements for staff to attend suitable fire prevention training. 	Within 28 days of the date of this report.
C31	8 (1) (f)	<p>Findings There was no policy and procedure for the creation, management, handling and storage of records and other information</p> <p>Action Required The registered person is required to formulate a policy and procedure for the creation, management, handling and storage of records and other information.</p>	Within 28 days of the date of this report
P3	41 (2) (a)	<p>Findings There was some confusion in relation to the number of occasions that the Intense Pulsed Light machine required servicing.</p> <p>Action Required The registered person is required to ascertain the correct frequency of servicing and ensure that this is complied with.</p>	Within 14 days of the date of this report

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C2, C7, C15, C22 & C27	A range of appropriate policies and procedures must be in place to ensure the quality of treatment and services. Policies and procedures required include: <ul style="list-style-type: none"> • The protection of vulnerable adults. • An Infection control policy. • Cleaning regimes for all patient areas.
C7	A central register of policies and procedures that includes the title, issue date, review date.
C7	All staff to read the policies and procedures and sign a statement to this effect.
C7	All policies and procedures are reviewed at least every 3 years and the date of review is included within each written policy.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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