

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

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

DATE OF INSPECTION

16th October 2008

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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 2008 to March 2009

Healthcare Provision:	Beauty Therapy & Electrolysis Clinic
Contact telephone number:	01633 258839
Opening Days/Hours	Monday – Friday 9.00 am – 5.30 pm Saturday 9.00 am – 1.00 pm
Registered Provider:	Mrs. S Parker
Responsible Individual	N/A
Registered Manager:	N/A
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	29 September 2004
Date of publication of this report:	
Date of previous published report:	10 th December 2007
Lead Inspector:	J Griffith-Parry P Price
Specialist Inspectors/Advisors/ Observer:	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 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 Inspection team from Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection.

The reception and treatment room were viewed. The clinic is located in a 1st Floor location in a main shopping area. There is no car parking directly adjacent to the setting but numerous pay and display facilities are located within easy walking distance.

The Intense Pulse Light (IPL) treatment is offered in a separate room and, although this room is compact it was clean and appropriately equipped. The equipment, documentation and the records were viewed during the inspection.

The Registered provider and staff are thanked for their time and cooperation throughout the inspection visit.

INFORMATION PROVISION (C1)

Inspector's findings:
A statement of purpose was available within the clinic, which provided an appropriate level of information for patients. A comprehensive patients guide was also 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:

Patient questionnaires are provided and reviewed on an annual basis. The Registered provider explained that questionnaires were given out at the end of treatment programmes and so the frequency varied.

It was recommended to the Registered provider that a section could be included within the patient record/documentation that would provide for a comment at the end of each treatment and space for the signature of the patient. This would support the quality review of the setting.

Consent forms are signed by the patient prior to treatment and they are supported by a confidentiality policy.

All required policies and procedures were available within the setting and these were dated and provided for a review process.

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:

A section could be included within the patient record/documentation that would provide for a comment at the end of each treatment and space for the signature of the patient.

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:

The certificate of registration was appropriately displayed, however this was a CSIW certificate and not a HIW certificate, and a suitable replacement will be issued in due course.

The Registered provider has assembled a resource file where therapists can refer for relevant information.

A Protection of Vulnerable Adults (PoVA) policy is available within the clinic, with a prompt sheet for quick referral when 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

COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:
A complaints procedure is available which includes the contact details of HIW.
No complaints had been received since the previous 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 IPL treatment room and controlled area was located to the rear of the premises at first floor level.

The area was well maintained and pleasantly decorated.

A Fire Risk Assessment had been prepared for the premises in accordance with the requirements of the Regulatory Reform (fire safety) Order 2006. The assessment had been undertaken by Mrs Parker, as the responsible person, on 1st December 2007.

The last periodic inspection report for the electrical wiring installation was dated 30th June 2004 and was valid for a five year period.

It should be ensured that the code 1 defect is corrected before the next inspection.

Portable appliance testing had been satisfactorily carried out in December 2007.

The fire detection was regularly tested, with records were maintained.

Regular testing of the emergency lighting installation was lacking, with no records entered since November 2007.

A CO₂ extinguisher was available outside of the treatment room in case of emergency.

There was no evidence of regular fire training or fire drills and these should be implemented in accordance with the fire risk assessment.

No clinical waste was generated by the registered process, that would need safe disposal.

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
1. Ensure regular testing and servicing of emergency lighting installation	21 st November 2008	Regulation 24(4)(b)
2. Implement regular fire training and fire drills	21 st November 2008	Regulation 24(4)(c)(d)

Good Practice Recommendations:

None

RISK MANAGEMENT (C22 – C30)

Inspector's findings:
A resuscitation policy is in place that is appropriate for the setting.
The quality of services provided is monitored by the Registered provider.
There is no clinical waste produce by the setting and trade waste is disposed if via the local authority.

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:
The Registered provider explained that an assessment is undertaken for all patients prior to commencement of treatment. There is a record of each treatment performed within an individual record sheet for the patient.
It was recommended to the Registered provider that the record sheets be amended as differing headings had been used on the columns above the text and this had led to a 'confusing' level of information being recorded.
The registered provider was advised to ensure that treatment records were contemporaneous and could be easily followed and audited, and that a decision be made as to which treatment record was going to be used.

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:

Record sheets should be standardised to ensure that treatment records are contemporaneous and can be easily followed and audited
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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:
In accordance with safety requirements a label had been attached to the machine to indicate the wavelengths and maximum power output under which the machine operated.
The Laser Protection Adviser (LPA) for the registered setting had been Grace Carolan Rees, but it was advised by Mrs. Parker that this had lapsed on the 1 st October 2008. Mrs. Parker advised that she had recently written to renew the service, but was currently awaiting a reply.
There did not appear to have been a formal agreement in place for the provision of the Laser Protection Adviser advice and it was dealt with via an invoice and payment basis. It is recommended that when the contract is renewed, that some formal documentation is retained.
Mrs. Parker was the Laser Protection Supervisor for the premises and was aware that she was responsible for health and safety within the area whilst treatments were undertaken.
The medical protocols for the registered premises were available, and had been checked for their suitability by the LPA on 21 st September 2006, as part of her inspection report for the premises.
A treatment register had been compiled, and required the addition of another column to record any adverse effects that might occur during treatment.

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

Action Required	When Completed	Regulation Number
1. A register of 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	Since last inspection.	Schedule 3, Part II (3)

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
1. Renewal of a contract for the provision of Laser Protection Adviser services	21 st November 2008	41(1)+(2)
2. Add column to treatment register to record any adverse effects of treatment	21 st November 2008	41(2)(e)

Good Practice Recommendations:

None

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

Inspector's findings:

Mrs Parker advised that she had now undertaken 'core of knowledge' training by obtaining a copy of the training DVD produced by Flawless Medical, which she had watched. Confirmation that this meets P2.1 and P2.2 standards is awaited.

No written examination of knowledge had been completed as assessment.

Other update training was by sourcing professional articles which were added to the resource file within the setting.

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 located to the rear of the reception area on the first floor of the premises.

The treatment couch was placed so that the IPL beam was pointing away from the door whilst being operated. There were no reflective surfaces within the treatment room.

There was only one machine present in the controlled area and Mrs. Parker was aware that she was responsible for health and safety of all persons in the controlled area.

The IPL machine had been marked to indicate the range of wavelengths and the maximum power outlet.

A suitable warning sign was fixed on the outside on the door to the controlled area, and this was removed when there were no treatments taking place.

Servicing of the machine had been carried out by MD (IPL) Maintenance, who set out an overview of service to include visual inspection of all electrical and mechanical components, calibration of all power supplies, testing and output of charge circuits operation. Energy output levels were tested via light meter.

Records of the last service inspection were on 13th December 2007.

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

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 (4) new requirements is required as a result of this report as set out below.

New requirements from this inspection:

Action Required	When Completed	Regulation Number
i. HIW requires the submission of an action plan addressing all the requirements made this year (2) and those carried forward (0) in this report. The action plan must clearly identify <ol style="list-style-type: none"> 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: 10th November 2008
Inspector's Signature: 	