

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare
Allure Skin Care and Beauty
31a Charles Street
Newport
NP20 1JT**

DATE OF INSPECTION

16th October 2008

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

INSPECTION REPORT

Inspection Episode: April 2008 to March 2009

Healthcare Provision:	Allure Skin Care & Beauty
Contact telephone number:	01633 259363
Registered Provider:	Beverley Holyfield
Responsible Individual	N/A
Registered Manager:	N/A
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	10 th September 2007
Date of publication of this report:	
Date of previous published report:	N/A
Lead Inspector:	J Griffith-Parry P Price
Specialist Inspectors/Advisors/ Observer:	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 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.

This was the first inspection to be carried out at the setting following registration. The reception area and the treatment room were viewed. The clinic is located in a 1st Floor location in a side street off 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. The equipment, documentation and the records were viewed during the inspection.

The Registered provider is thanked for her time and cooperation throughout the inspection visit.

INFORMATION PROVISION (C1)

Inspector's findings:
There was a Statement of Purpose and patient guide that provided an excellent level of information for the patient, the documents were well presented and easily accessible.

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:
Each patient receives a satisfaction survey questionnaire and the findings are correlated within a quality review folder and also within patient records. Out of 10 sets of patient records seen none had recorded a lower than 'above average' score with most recording their experience within the setting as excellent.
There is quality review policy for 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

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:
The registered provider is the only operator of the Intense Pulsed Light (IPL) equipment, and has undergone core of knowledge training, and specific update training on the equipment used, with refresher core of knowledge training in the past year since registration.
The HIW certificate was clearly displayed within the reception area of the setting as was the insurance certificate.

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:

There was a clear and appropriate complaints procedure for the setting, the registered provider had not received any complaints since registration, and none were known to Healthcare Inspectorate Wales (HIW). The complaints procedure contained the correct timescales for complaints management and directed complainant to HIW when appropriate.

There is an Adult Protection policy in 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

PREMISES, FACILITIES AND EQUIPMENT (C19 – C21)

Inspector's findings:

The Intense Pulse Light (IPL) treatment room and controlled area was located in the facial room to the rear of the reception area on the first floor.

The premises were 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 needed to be reviewed at regular intervals, not exceeding twelve months, and this was now due. The document should be dated and endorsed with the signature of the responsible individual.

The last periodic inspection report for the electrical installation was dated 17th August 2007 and was valid for a twelve month period. Renewal of this certificate is required and the code 1 item recorded on the previous certificate should have been completed.

Portable appliance testing had been satisfactorily carried out on 1st May 2008 and the report was available for inspection.

Fire detection, emergency lighting and gas installations were subject to maintenance contracts with the landlord for the building. Current copies of test certificates were not available for inspection, and would be forwarded to HIW.

A CO₂ extinguisher was placed adjacent to the IPL machine and this had been appropriately serviced in August 2008.

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 setting that would need safe disposal.

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

Action Required	When Completed	Regulation Number
1. Sign and date the Fire Risk Assessment	August 2007 After pre-registration visit.	Regulation 24(4)(e)
2. Provide copies of last periodic inspection of electrical wiring installation, and minor works certificate for recent changes	August 2007 After pre-registration visit.	Regulation 24(1)(d)

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. Review the Fire Risk Assessment,	Completed – 23 rd	Regulation 24(4)(e)

sign and date	October 2008	
2.Renew the periodic re-inspection of the electrical wiring installation	Completed – 24 th October 2008	Regulation 24(2)(d)
3.Forward copies of current test certificates for fire alarms, emergency lighting and gas installation	Received – 31 st October 2008	Regulation 24(2)(d)

Good Practice Recommendations:
None

RISK MANAGEMENT (C22 – C30)

Inspector's findings:
A suitable assessment is carried out on each patient prior to the commencement of treatment and the risk measured.

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:
Individual patient records are provided and each provide a signed consent form, assessment record and ongoing treatment record. A satisfaction survey result is also contained within the individual patient file.
The records are held securely and there is a robust confidentiality policy in place.

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:
<p>The Intense Pulse Light (IPL) machine for registration was an iPulse model 1300, serial number IF 1120, manufactured by Cyden Ltd, Technivision, Kings Road ,Swansea. The machine operated on wavelength 530nm – 1200nm, with a maximum power output of 20 Joules.</p> <p>The machine is used for the treatment of hair removal, skin rejuvenation, acne and pigmentation.</p> <p>Godfrey Town of GCG Healthcare had been retained as the Laser Protection Advisor for the period 10th April 2008 – 9th April 2009, and had visited the premises on 21st May 2007. He was qualified with RPA 2000 certification, which was issued on 1st March 2003, valid for a period of 5 years.</p> <p>Beverley Holyfield was the Laser Protection Supervisor for the setting and she was appropriately qualified for the safe use of the IPL machine.</p> <p>The medical protocols had been prepared by Dr. Ross Martin who was a member of the British Medical Laser Association. The protocols were valid until 15th November 2008 and arrangements should be made for renewal of these.</p> <p>The Local Rules in support of the medical protocols had been produced on 10th April 2007 and subsequently revised on 21st May 2007 by Godfrey Town.</p> <p>The Local Rules were to be kept in the controlled area and Beverly Holyfield had signed up to them as the sole operator of the IPL.</p> <p>A hard bound record book was available for records of treatment with the machine serial number entered on the cover.</p> <p>No adverse effects had been entered since the initial registration of the IPL</p> <p>A treatment register has been compiled for the setting, which contains all required details, and has been completed for all treatments.</p>

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

Action Required	When Completed	Regulation Number
1.Amend Local Rules to reflect Healthcare Inspectorate Wales	August 2008 After pre-registration visit.	Regulation 41(4)

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:

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

Inspector's findings:

Since her initial training with Cyden, Beverley Holyfield had received update training on 21st January 2008 by attendance at an update training workshop for Laser and IPL hair removal and skin rejuvenation.

Ms Holyfield had also attended a further accredited 'core of knowledge' course in Lasers and Intense Pulsed Light devices.

Both of these courses had been run by Godfrey Town of GCG Healthcare, who was appropriately qualified.

In addition, beauty journals and the internet continued to be sourced for developments in the IPL field and relevant information would be placed in a training file for future 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

STANDARD P3: Safe Operation of Lasers and Intense Pulsed Lights

Inspector's findings:

There were control measures in place, and the IPL room was clearly marked with a sign that could be removed when the IPL was not in use.

The IPL controlled area was located to the rear of the reception area on the first floor known as the Facial Room. The controlled area door was secured by means of a mortise lock, which was activated whilst Beverley undertook treatments.

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 Beverley was aware that she was responsible for safety of all persons in the controlled area.

The IPL machine was suitably marked to indicate the range of wavelengths and the maximum power outlet.

A suitable warning sign was fixed on the outside face of the door to the controlled area and this was removed when there were no treatments taking place with the IPL machine

Two sets of CE marked safety glasses were available of shades 3 and 5 in accordance with the Local Rules.

An additional set of protective eyewear had been purchased for the operator and these were of the 'lightspeed' design.

The Local Rules have been amended to reflect this change.

Also available were Glendale disposable single use eye-shields for client use for treatments in close proximity to the eyes.

Suitable arrangements were in place for key security and the key was kept in the locked cash till in reception. A small record book is kept to record issue and return of the key.

Servicing of the IPL machine had been carried out by Cyden Ltd. on 20th May 2008 when certifications were issued for PAT testing, hi-pot testing and energy testing

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

Action Required	When Completed	Regulation Number
1. Provide commissioning information for machine	August 2008 After pre-registration visit.	Regulation 41(2)(d)

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 is not required this year as a result of this report as there are 0 outstanding requirements and 0 new requirements.

Inspector's Name: P Price	Date: 10 th November 2008
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Inspector's Signature:



REPORT RESPONSE

Name of Registered Setting	Allure Skin Care & Beauty
Inspection Year	2008-2009

Authorisation for release of Draft Report

Inspector	Phil Price 	DATE: 1 st Dec 2008
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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 (Where applicable)	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: 1 st Dec 2008
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(Tick when completed)

Sent Adobe	
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Quality Monitoring Draft Stage

Authorised Officer:	Signature:	Date:
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Final Stage (if amended)

Authorised Officer:	Signature:	Date:
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