

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Independent Healthcare**

**The Bay Health and Beauty Clinic
Conway Road
Colwyn Bay
LL29 7HJ**

**DATE OF INSPECTION
29th April 2008**

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 Healthcare Inspectorate Wales
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INSPECTION REPORT

Inspection Episode: April 2008 to March 2009

Healthcare Provision:	The Bay Health and Beauty Clinic
Contact telephone number:	01492 536499
Opening Days/Hours	Monday/Saturday 9.00 am – 5.30 pm Tuesday/Thursday 9.00 am – 7.30 pm Wednesday/Friday 9.00 am – 5.00 pm
Registered Provider:	Mrs. Catherine Green
Responsible Individual	N/A
Registered Manager:	Mrs. Catherine Green
Number of places:	N/A
Category:	Independent Hospital providing a 'Listed Service'
Date of first registration:	29 November 2004
Date of publication of this report:	17 th September 2008
Date of previous published report:	12 th December 2007
Lead Inspector:	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 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 undertook an unannounced inspection at the above setting.

The clinic is located in a domestic style property, which has been well adapted to provide a full range of services. Parking is available nearby in payment car parks.

The Intense Pulse Light (IPL) treatment is offered in a separate room within the clinic.

The treatment room is clean, tidy and well maintained. All policies and procedures were made available to the inspection team.

Patients' records are kept separately and appropriately maintained. Documentation and information relating to the IPL is detailed and given to all patients, pre and post treatment.

The Registered Provider and authorised users attend appropriate courses and training on a regular basis.

The Inspection team would like to thank the Registered Provider and staff for their assistance, time and co-operation during the inspection process.

METHODOLOGIES USED IN THIS INSPECTION

- Unannounced Inspection.
- Review of information, policies and procedures present in the hospital.
- 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. The Inspectors were advised that the Statement of Purpose is available and given to patients at the time of the consultation.

The Inspectors noted that policies and procedures were available. However, the date and time of review of the above documentation needs to be recorded. This is outstanding from the last 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:

All policies and procedures need to be time-dated.

QUALITY OF TREATMENT AND CARE (C2 – C7)

Inspector's findings:

Policies and procedures were in place, however the date and time of review of the documentation needs to be recorded. Pre and post treatment information is available and given to all patients. Further explanation is given to patients if required, so that they understand the implications of the treatment including the potential risks and side effects. Written consent is received from patients before receiving any treatment within the hospital. Consent is requested from patients in respect of photographs being undertaken pre and post treatment.

Documented evidence was available on the treatment provided to patients in line with appropriate guidelines.

Patients complete questionnaires regarding the quality of treatment and care they have received at the hospital. However, it was noted that the questionnaires need to be audited annually by the registered provider. This is outstanding from the last 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
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.	June 2008	Regulation 16(1)

Good Practice Recommendations:

All policies and procedures need to be time-dated.

MANAGEMENT AND PERSONNEL (C8 – C15)

Inspector's findings:

All staff appraisals were undertaken annually and monthly supervision meetings take place formally. Staff files were available for the Inspectors to view.

All staff had a contract of employment, job descriptions and a staff handbook. However, it was noted that no references were available for one member of staff. This was discussed with the manager during the visit.

A policy and procedure for Adult Protection (POVA) is available. However, update Protection of Vulnerable Adults training needs to be undertaken.

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

Action Required	When Completed	Regulation Number
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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
All documentation as required under Regulation 18, Schedule 2 must be available.	June 2008	Regulation 18, Schedule 2(3)

Good Practice Recommendations:

None

COMPLAINTS MANAGEMENT (C16 – C18)

Inspector's findings:

A complaints policy and procedure were available for inspectors. All patients are aware and receive appropriate information on the clinics complaints procedure. No complaints had been received by the clinic.

A whistle-blowing policy is 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 treatment room in which the Intense Pulsed Light (IPL) system is installed is on the right hand side of the ground floor, towards the rear of the premises. The room, which formed the controlled area for the IPL, was clean maintained to an acceptable standard and appropriate for the treatments carried out.

It was advised that the staff undertook a Health and Safety risk management assessment.

A Periodic Re-inspection certificate was available for the electrical wiring installation was viewed and valid until May 2009.

Portable appliance testing was still current and was due in May 2008.

No evidence was available in respect of fire training or fire drills for the premises. These should be given to all staff at least twice a year and recorded.

Fire extinguishers had been suitably serviced in July 2007 and would be due again in July 2008.

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
Ensure all staff receive fire training and participate in fire drills on at least two occasions a year.	June 2008	Regulation 24(4)(c)&(d)

Good Practice Recommendations:

The staff should undertake a Health and Safety risk management assessment.

RISK MANAGEMENT (C22 – C30)

Inspector's findings:

The manager is to review and undertake risk assessments for the setting. Health and safety issues were addressed in the staff induction process.

Staff members are aware of the importance of infection control procedures.

The quality of goods and services are monitored and reviewed by the Registered Provider of 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:

None

RECORDS AND INFORMATION MANAGEMENT (C31 – C33)

Inspector's findings:

A policy and procedure was available for the management and storage of patients' records. All patients' records are maintained and locked away separately in the Manager's office.

During the consultation session the history of the patient's health is taken and a consent form is signed prior to treatment. A record is maintained for each time the laser is used and a standardised form is used for all treatments generated by the clinic.

All staff are aware of the patient's confidentiality and any meetings are held in the Manager's office.

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:

The clinic had medical protocols in place, which were produced by Dr. Patrick Bowler, but these were not signed or dated. It was understood that Dr. Bowler would no longer be performing this role, therefore it would be necessary to seek another suitable person.

The Local Rules had been produced by Dr. Andrew Berry of Lynton Lasers, who was also appointed to the role of Laser Protection Adviser (LPA) for the period 21st July 2007 to 21st July 2008. Dr. Berry held a RPA 2000 certification, which was valid for five years from 1st October 2003, and he had last visited the clinic on 17th July 2007.

The specification of protective eyewear was in conflict with that in use in the clinic and this should be resolved with Dr. Berry.

It was advised the Laser Protection Supervisor (LPS) was Catherine Green and she had undertaken suitable training for that role.

Both Catherine Green and Charlotte Quantrill had signed the Local Rules as joint operators of the IPL machine and the master copy was retained in the treatment room.

A register was maintained of all treatments performed, and the information entered was satisfactory. Information recorded in the Register had been updated in accordance with the recommendations of the last inspection and now included information to indicate the area of the body being treated and the operator's signature. The serial number of the IPL had been entered into the preface of the register. Currently, the metal spiral register is still in use and a glued spine book will be used on replacement.

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.Appoint another medical practitioner to produce, sign and date the medical protocols	June 2008	Regulation 41(1)
2.Ascertain with LPA, the correct specification of protective eyewear.	June 2008	Regulation 41(2)(d)

Good Practice Recommendations:

To replace the current metal spiral register with a glued spine book.

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

Inspector's findings:

The Laser Protection Supervisor, Catherine Green, had received initial training and 'core of knowledge' training from Lynton Lasers. By way of continuing professional development, she had received some update training from Lynton Lasers on 19th April 2007.

Charlotte Quantrill, who also operated the IPL, had attended a Lynton Lasers workshop on 16th November 2007 as part of her continuing professional development.

All of the relevant training was supported by suitable certifications.

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 room used for the IPL is clearly defined as the controlled area, which was controlled by an electrical interlock as well as a shoot bolt fixed to the door.

The controlled area is not used as access to any other areas and provided a safe layout. There were no windows in the treatment room and a large mirror was covered with a drape.

The IPL equipment was a Lynton Depi-Lite, serial number LUM-011a, manufactured by Lynton Lasers. The machine was appropriately labelled with the operating wavelength and the maximum power outputs.

An appropriate CO₂ fire extinguisher was located in the corridor outside of the controlled area and this was suitably serviced.

Appropriate warning signs were affixed to the outside face of the controlled area door whilst treatments were being carried out.

The protective eye provided was shade 4 for the operator and shade 5 for the patient, together with a set of total blackout eyewear.

The suitability of the eyewear should be verified by the Laser Protection Adviser, as required under section P1 of this report.

The key for operating the machine was kept locked in the Staff Room and only authorised users have access to the key.

The last service of the IPL had been carried out by Lynton Lasers on 6th August 2008, and energy levels were checked at calibrated as part of the service.

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

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 5 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 (5) 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: 15th September 2008

Inspector's Signature:

