



Independent Healthcare Inspection (Announced)

Bliss Beauty by Cerys

11 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Bliss Beauty by Cerys is registered with HIW as an independent hospital to provide treatments using Intense Pulsed Light Technology (IPL)³ at 101 Talbot Road, Talbot Green, Llantrisant. The clinic was first registered on April 2009.

The clinic has a staff team which includes the registered manager and three IPL operators. The clinic is registered to provide the following treatments to patients over the age of 18 years:

Energist Ultra Intense Pulsed Light System for the following treatments:

- Hair removal
- Skin rejuvenation
- Rosacea
- Redness
- Age spots
- Freckles
- Pigment changes
- Acne
- Skin texture and fine lines
- Vascular lesions.

³ IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

4. Summary

The clinic is committed to providing a positive experience for patients. We found the clinic had a suitable system for regularly seeking the views of patients as a way of monitoring the quality of the service provided. We were satisfied that patients were provided with sufficient information to allow them to make an informed decision about their treatment. We identified some updates were needed to the statement of purpose and patient's guide to comply with the regulations.

We found evidence to indicate that IPL treatments were provided safely to patients at the clinic. A current contract with a Laser Protection Advisor was in place, all operators had received appropriate training and the IPL machine had been recently serviced to ensure it was safe to use. We found the clinic was visibly clean and tidy and suitable steps had been taken to help protect the health, safety and welfare of patients.

Overall, we were satisfied with the arrangements in place at the clinic to regularly assess and monitor the quality of the service provided in accordance with regulatory requirements.

We were able to confirm that treatments and services at the clinic were conducted in accordance with the statement of purpose and conditions of registration with HIW.

We identified some minor areas for improvement during this inspection. Further details of required improvements are provided in Appendix A. While this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

We were told that patients were provided with a verbal consultation prior to treatment which included discussion of the risks and benefits of treatment. Patients were provided with an information pack to take home and consider their treatment. Patients were asked to provide written consent to treatment. We saw an example of the post-treatment information given to patients to help them with aftercare.

We saw evidence that patients were asked to complete medical history forms. A treatment register was maintained and this included all relevant information.

Communicating effectively (Standard 18)

A range of treatment information was provided to patients, but a patient's guide document was not available and needed to be developed to include all necessary information in accordance with the regulations.

Improvement needed

The patient's guide must be created in accordance with the regulations.

A statement of purpose was available and provided relevant information about the service provided. We found that the following updates were needed in order to comply with the regulations:

- The number and relevant qualifications of staff working at the clinic and organisational structure
- Arrangements for relatives, friends, chaperones at the clinic
- A statement about respecting the privacy and dignity of patients.

Improvement needed

The statement of purpose must be updated to include all required information.

Citizen engagement and feedback (Standard 5)

We found that the clinic had a system for seeking patient feedback. Patient questionnaires were available in the reception area for patients to complete and we were told that a survey was conducted annually. We were told that the feedback was analysed annually and incorporated into training for staff where any areas were highlighted that could be improved. This is good practice in monitoring and maintaining the quality of care provided. We were told that the clinic plan to post the results of patient feedback on their website.

Delivery of safe and effective care

Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)

We saw certificates showing that the registered manager and all IPL operators had completed training on use of the IPL machine and Core of Knowledge⁴ training within the last three years.

We looked at the local rules, which detail the safe operation of the equipment. We saw these had been signed by both the registered manager and all IPL operators to indicate their awareness and agreement to follow these rules. We saw that the local rules were up-to-date and had been recently reviewed by the Laser Protection Advisor.

We saw evidence that a current contract with a Laser Protection Advisor was in place and we saw records from their latest visit to the clinic in January 2016. We discussed the latest visit by the Laser Protection Advisor and the registered manager confirmed that no actions were required.

We saw a sign outside the treatment room to indicate when the IPL machine is in use. We found suitable eye protection was available and the registered manager confirmed that the designated activation key for the IPL machine was removed when not in use and stored securely. We also saw evidence that the IPL machine was annually serviced to ensure it was safe to use.

The clinic had a first aid kit available and the registered manager confirmed they had attended first aid training.

Safeguarding children and vulnerable adults (Standard 11)

We looked at the arrangements for safeguarding patients. We were told that no children under the age of 18 years were seen at the clinic.

The registered manager confirmed that all IPL operators had completed recent adult protection training.

⁴ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

Infection prevention and control and decontamination (Standard 13)

We saw the clinic was visibly clean and tidy. A policy on infection control was available, but we recommended that further details to be added to the policy, including the arrangements for cleaning between patients.

Improvement needed

The infection control policy should be updated to include further details of the cleaning and disinfection arrangements between patients.

We found there were suitable arrangements for the disposal of sharps and clinical waste at the clinic.

Managing risk and health and safety (Standard 22)

We found the clinic had taken steps to protect the health and safety of patients and staff.

We looked at maintenance arrangements at the clinic. We saw evidence the clinic had conducted a wiring check of the building and a recent gas check certificate was available. No lifts were present at the clinic. We saw evidence that Portable Appliance Testing (PAT) testing, to help ensure that small electrical appliances were safe to use, had been recently conducted.

We looked at some of the arrangements for fire safety. The registered manager confirmed they had conducted fire safety training. Fire extinguishers were serviced annually and fire exits had been signposted. We saw a fire risk assessment had been completed. The clinic also had a separate risk assessment specifically for the IPL machine and treatment room.

Quality of management and leadership

Governance and accountability framework (Standard 1)

Bliss Beauty by Cerys is run by the registered manager. We found evidence there were suitable systems in place at the clinic to regularly assess and monitor the quality of the service provided. This is because in accordance with the regulations the clinic regularly sought the views of patients as a way of informing care, conducted audits of records to ensure the consistency of information and assessed risks in relation to health and safety. The clinic also had a quality monitoring process where treatment outcomes were assessed and evaluated and any follow up needed with a patient was recorded.

Discussions with the registered manager indicated their knowledge and understanding of their requirements under the Independent Health Care Regulations 2011 and National Minimum Standards.

We were able to confirm that treatments and services at the clinic were conducted in accordance with the statement of purpose and conditions of registration with HIW.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and provided the contact details of HIW in line with regulatory requirements. However, we noticed that the HIW address needed to be updated.

Improvement needed

The complaints policy should be updated with the correct address of HIW.

We were told that the clinic had not received a written complaint. We saw that the registered manager had prepared a file where any complaints would be recorded as a way of monitoring the quality of care provided.

The registered manager told us that they are committed to providing a positive experience for patients and encouraged patient feedback. The clinic also described how they try to prevent the need for patients to complain through communication and follow-up. We noted this as good practice.

Records management (Standard 20)

We saw that patient records and information relating to IPL treatments were kept securely in order to maintain patient confidentiality.

Workforce recruitment and employment practices (Standard 24)

At the time of our inspection, the registered manager and all IPL operators had Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations.

The registered manager confirmed that suitable pre-employment checks were completed for new members of staff and all staff received an induction. We saw evidence of the induction programme, which included a list of relevant policies for staff to read and sign. We were told that staff were made aware of any changes to policies and copies of updated policies were put on the staff notice board for all members to read and sign. The registered manager confirmed that all policies were reviewed annually.

We found there were clear lines of accountability in place and non-IPL operators working at the clinic had signed to confirm their understanding that the IPL machine and associated equipment was only to be handled by trained operators. We were told that staff meetings were held approximately every six weeks.

We found evidence that staff received annual appraisals, which also included a review of policies and identification of any training needs.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Bliss Beauty by Cerys will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Bliss Beauty by Cerys

Date of Inspection: 11 January 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The patient's guide must be created in accordance with the regulations	Regulation 7			
6	The statement of purpose must be updated to include all required information.	Regulation 6 (1) and Schedule 1			
Delivery of Safe and Effective Care					
9	The infection control policy should be updated to include further details of the cleaning and disinfection arrangements between patients.	Regulation 9 (1)(n)			
10	The complaints policy should be updated with the correct address of HIW.	Regulation 24(4)(a)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Management and Leadership					
	<i>No areas of improvement needed.</i>				

Service Representative:

Name (print):

Title:

Date: