

**Destination Skin Limited
House of Fraser
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Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
23 March 2011	Miss Sarah Lewis & Mr Ian Dillon

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. HIW tests providers' compliance by assessing each registered establishment and agency against the '*Private and Voluntary Health Care (Wales) Regulations 2002* and 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 carried out at Destination Skin on 23 March 2011. The establishment was first registered on 28 November 2007 and is registered to provide a range of treatments using Intense Pulse Light systems.

The inspection visit focused upon the analysis of a range of documentation, discussion with the registered manager and examination of patient records.

Details of which standards have/have not been met are provided and also full lists of requirements and recommendations are included.

The main inspection findings are listed below.

Patient Information

A patient guide was available and on display for clients to view. The patient guide contains information such as the terms and conditions in respect of the services to be provided for patients, including the amount and method of payment of charges by patients for all aspects of their treatment. However, it did not include the summary of results of the most recent patient survey conducted. This should be included in order to comply with the regulations.

The patient guide also made reference to the Care and Social Services website for patients to access inspection reports and not Healthcare Inspectorate Wales. This issue was also highlighted during the previous inspection of the establishment.

A treatment book is maintained which includes date of treatment, area treated, shot count and signature authorisation. Following a sample of patient records they were all found to be legible, signed and dated. The patient records also included a completed medical questionnaire that is updated each time to identify if there are any changes to the patients' medical history, consent forms are also signed at each session of treatment.

Since the establishment has been registered there has been no record of patient feedback being sought on the treatment they have received.

Policies and Procedures

Policies and procedures were available along with an index which included a formulation date. The policies included:

- A whistle blowing policy for staff should they wish to raise any concerns in relation to colleagues or inappropriate work practices at the establishment.

- A complaints policy and information on how to make a complaint was available. There have been no complaints or incidents within the last 12 months within the establishment.
- A resuscitation policy which details what emergency actions should be taken should a patient require resuscitation.
- A cleaning policy was also in place.

However, a number of the policies were due for renewal as they had been in place for more than three years.

Environment Safety

During our visit to the establishment there was evidence of compliance in the following areas; an environmental risk assessment was carried out by the laser protection advisor who last visited the establishment in 22 July 2010. The fire protection services also visited the establishment in April 2011 and fire prevention training has been undertaken by the registered manager. Fire alarm tests are carried out on a weekly basis and there is a fire log maintained in order which gives details of these tests.

Equipment Safety

The laser protection supervisor is on site at all times and the authorised operator has signed up to the local rules, undertaken Core of Knowledge training and also received a Criminal Records Bureau (CRB) check.

There was a certificate available to evidence that the laser machine has been calibrated and serviced within the last twelve months which is in accordance with the regulations.

An expert medical protocol was in place; however, it had not been signed by the expert medical practitioner.

There is a sign in place to indicate while the IPL/laser systems are in use and the door is also locked.

Registration Types

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

Description
<p>Independent hospital providing a listed service using a prescribed technique or prescribed technology:</p> <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	The registered person will not provide medical or psychiatric services of any kind nor any <i>'listed services'</i> as defined by section 2(7) of the Care Standards Act 2000 other than those set out in condition 2 below.	Compliant
2	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.	Compliant
3	<p>In relation to the treatment specified in condition 2 above the registered person must only use the three Energist Ultra Intense Pulsed Light Systems in Treatment Rooms 1, 3 and 4 (and only for the purpose of):</p> <ul style="list-style-type: none"> ◆ Hair Removal ◆ Skin-rejuvenation ◆ Vascular Lesions ◆ Pigmented Lesions ◆ Acne Treatments 	Compliant

Condition number	Condition of Registration	Judgement
4	Persons under the age of eighteen (18) years can receive treatment where parental/nominated guardian consent has been granted. Parents/Nominated Guardian's must be present at the consultation and when treatment is undertaken.	Compliant
5	Overnight accommodation must not be provided at the establishment.	Compliant

Assessments

Healthcare Inspectorate Wales (HIW) 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. HIW 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, HIW 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

We have set out our findings below and specified from pages eight to ten what recommendations / requirements if any, the registered provider must take to bring the establishment in line to comply fully with the minimum standards and regulations. 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 almost met
C2	The treatment and care provided are patient – centred.	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients 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.	Not applicable
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard almost met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard almost 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.	Not applicable
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Not applicable
C13	Patients and personnel are not infected with blood borne viruses.	Not applicable
C14	Children receiving treatment are protected effectively from abuse.	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

Number	Standard Topic	Assessment
C21	Patients receive appropriate catering services.	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 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.	Not applicable
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Not applicable
C26	Controlled drugs are stored, administered and destroyed appropriately.	Not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard met
C28	Patients are not treated with contaminated medical devices.	Not applicable
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Not applicable
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard 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.	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 almost met
P2	Training for staff using lasers and intense pulsed lights.	Standard met
P3	Safe operation of lasers and intense pulsed lights.	Standard 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.	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Standard met
3 (Part I)	Period for which medical records must be retained.	Standard met
3 (Part II)	Record to be maintained for inspection.	Standard 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. HIW 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/action
C1	6 (1) (e)	<p>Findings</p> <p>The patient guide did not contain the required information.</p> <p>Action Required</p> <p>The registered person must produce a written guide for the establishment that includes:</p> <ul style="list-style-type: none"> • A summary of the results of the most recent consultation conducted in accordance with regulation 16 (3). 	An updated copy of the patient guide to be sent to HIW, upon completion of patient consultation.
C1	6 (1) (g)	<p>Findings</p> <p>The patient guide made reference to the Care and Social Services Inspectorate website is detailed for the patients to access inspection reports.</p> <p>Action Required</p> <p>The registered person is required to update the patient guide to ensure that Healthcare Inspectorate Wales' website is detailed for patients to access inspection reports.</p>	A copy of the revised patient guide must be sent to HIW within 28 days of receipt of this report.
C6	16 (1) (2) & (3)	<p>Findings</p> <p>There was no evidence of the establishment seeking feedback from patients on the treatment they receive.</p> <p>Action Required</p> <p>The registered person is required to ensure that feedback is sought from patients and the information is included within the patient guide.</p>	A patient survey is required to be undertaken within three months and details of the outcome should be sent to HIW.

Standard	Regulation	Requirement	Time scale/action
C7	8 (1) (f)	<p>Findings</p> <p>A number of the policies and procedures in place were no longer valid as they were formulated over three years ago with no review date.</p> <p>Action Required</p> <p>The registered person is required to ensure that all policies and procedures are reviewed within the required timescales.</p>	<p>Written assurance must be sent to HIW within 28 days of receipt of this report to detail how this requirement is being addressed.</p>
C19	24 (4) (c) (d)	<p>Findings</p> <p>There was no evidence that the registered person had undertaken fire prevention training.</p> <p>Action Required</p> <p>The registered person is required to undertake fire prevention training.</p>	<p>Written assurance must be sent to HIW within 28 days of receipt of this report to detail how this requirement is being addressed.</p>

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
C15	It is advised that Protection of Vulnerable Adults training should be undertaken within the next six months.
P1	The expert medical protocol should be signed by the expert medical practitioner.

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- Making a significant contribution to improving the safety and quality of healthcare 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.

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