

**Beauty Within Medi Spa
High Street
Cowbridge
CF71 7AG**

Inspection Report 2010-2011

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In writing:

**Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED**

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk



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Inspection Date:	Inspection Managers:
31 March 2011	Mr Ian Dillon & Miss Sarah Lewis

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 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 undertaken at Beauty Within Medi Spa on 31 March 2011. The clinic was first registered on 11 January 2001 and is registered to provide a range of treatments using Intense Pulsed Light and Laser Technology.

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.

The main inspection findings are listed below.

Patient Information

A patient guide was available which included all the required information as stated in regulation six of the Private and Voluntary Health Care Regulations 2002.

The clinic maintains a treatment register which includes date of treatment, patient name, area treated, shot count, signature authorisation and also details of any adverse effects that occurred as a result of the treatment received.

The clinic provided us with three individual patient records. Each of the files was signed, dated and legible. The records showed that patch tests had been carried out and medical questionnaires completed. Also patients had signed each time they returned for further treatment to confirm medical circumstances had not changed. However consent forms were not completed prior to each treatment.

Patient records are locked away from the public and are only accessible to the Registered Manager and the authorised operators. Should a patient request access to their records there is a procedure in place for them to do so. However, there is no destruction of records policy in place.

A clinic audit was undertaken on 15 March 2011. Also, a patient survey was undertaken and the results were included in the patient guide.

Policies and Procedures

Policies and procedures are in place with an index which included formulation and review dates. There was also a signed declaration which confirmed that all staff have read and understand the policies and procedures in place.

Job descriptions are in place for the two directors of the establishment, however no other job descriptions are in place.

Policies and procedures in place included:

- Whistle blowing policy should any staff member wish to raise any concerns about a colleague.
- Complaints policy and information on how to make a complaint is included in the patient guide. A complaints register is maintained which evidenced that there has been one complaint received in the past 12 months.
- Confidentiality agreement in place which has been signed by all staff.
- Cleaning policy in place which was reviewed 14 March 2011. However, no cleaning schedules are maintained.
- Resuscitation policy in place which clearly details what action is to be taken should a patient require resuscitation.

However there was no recruitment procedure and no Protection of Vulnerable Adults (POVA) policy in place. Also, staff had not undertaken any POVA training.

Environment Safety

The Laser Protection Advisor (LPA) last visited 15 March 2011 which is compliant.

There was no environmental risk assessment available from the past 12 months which is a requirement. An updated risk assessment needs to be completed which then needs to be reviewed annually.

Evidence of fire safety compliance was provided. A fire risk assessment was undertaken on 7 September 2010. Fire prevention training has been undertaken and a fire drill was last completed in December 2010. A fire log book is maintained which records all the necessary fire checks at the premises.

Portable appliance testing had taken place within the last year however there was no gas certificate or five yearly electricity wiring certificate available on the day of inspection. HIW were informed by the registered manager that both gas and electricity inspections are currently being processed. Once complete, the certificates should be sent to HIW.

Safe Use of Equipment

A certificate was available to evidence that the calibration/service for the IPL/laser machine was completed on 28 January 2011.

There is an expert medical protocol in place which was produced in February 2007. The protocol needs to be reviewed and signed by the expert medical practitioner every three years.

All authorised operators have signed up to the local rules for the safe operation of the equipment and records are kept on the use of the machine. IPL/laser training and core of knowledge training has also been undertaken.

When treatment is being provided protective eyewear is used, there is a sign on the treatment room door and the door is locked.

Registration Types

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

Description
Independent hospital providing a listed service using a prescribed technique or prescribed technology: <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.	<p>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 paragraphs 1a) and 1b) below:</p> <p style="padding-left: 40px;">a) Treatment using Class 3B or Class 4 Laser as referred to in regulation 3 (1) (a) of the Private and Voluntary Health Care (Wales) Regulations 2002.</p> <p style="padding-left: 40px;">b) 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.</p>	Compliant
2.	<p>Treatment provided under condition 1a above must only be provided using the following technology and only for the following specified treatments:</p> <p style="padding-left: 40px;">a) Dornier Medilas D Diode Laser or removal of veins, vascular lesions, warts and veruccas;</p> <p style="padding-left: 40px;">b) Soprano Diode Laser – for hair removal;</p> <p style="padding-left: 40px;">c) Chromogenix ilipo Laser – for fat reduction and body contouring;</p> <p style="padding-left: 40px;">d) Harmony multi application platform with the following attachments:</p> <p style="padding-left: 80px;">i) Erbium Pixel Attachment Laser – for treatment of active acne and reduction of acne scarring, for line reduction, skin resurfacing, pigmentation reduction and photo-rejuvenation;</p> <p style="padding-left: 80px;">ii) YS Nad Yag Laser – for the removal of tattoos.</p>	Compliant

Condition number	Condition of Registration	Judgement
3.	Treatment provided under condition 1b above must only be provided using the following technology and for the following specified treatments: a) The Plasmite Intense Pulsed Light System – for hair removal, Vascular thread vein removal, Photo rejuvenation, Pigmentation reduction, treatment of Rosacea and treatment of active acne and acne scarring.	Compliant
4.	Only the persons nominated in your local rules as authorised users can provide treatment using technology referred to in conditions 1a) and 1b) above.	Compliant
5.	Treatment for persons under the age of sixteen is prohibited.	Compliant
6.	Persons between the ages of sixteen (16) and eighteen (18) years must only receive treatment where parental/nominated guardian consent has been granted. A parent/nominated guardian must be present at the consultation and when treatment is undertaken for persons of this age group.	Compliant
7.	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, Healthcare Inspectorate Wales 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 8-10 what recommendations / requirements if any, the registered provider must take to bring the practice 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 met
C2	The treatment and care provided are patient – centred.	Standard almost 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.	Standard not applicable
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard 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 almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard not applicable
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not applicable
C13	Patients and personnel are not infected with blood borne viruses.	Standard not applicable
C14	Children receiving treatment are protected effectively from abuse.	Standard not applicable
C15	Adults receiving care are protected effectively from abuse.	Standard not 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.	Standard 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 not 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.	Standard not applicable
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard not applicable
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard 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.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard not applicable
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard almost met
C32	Patients are assured of appropriately completed 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.	Standard 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.	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Met
3 (Part I)	Period for which medical records must be retained.	Met
3 (Part II)	Record to be maintained for inspection.	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
C2	8 (2) (b)	<p>Findings</p> <p>Not all patients had signed a consent to treatment form before treatment was administered.</p> <p>Action Required</p> <p>The registered person is required to ensure that written consent is obtained from every patient prior to treatment being administered.</p>	Written assurance to be sent to HIW within 28 days of receiving this report to detail how this requirement is being addressed.
C9	8 (1) (h)	<p>Findings</p> <p>No recruitment procedure currently in place.</p> <p>Action Required</p> <p>The registered person is required to ensure that a recruitment procedure is formulated.</p>	A copy of the policy must be sent to HIW within 28 of receipt of this report.
C19	24 (2) (d)	<p>Findings</p> <p>No gas inspection certificate available on the day of inspection.</p>	A copy of the certificate is required to be sent to HIW within 28 days of receiving this report.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that a current gas safety certificate is available.</p>	
C19	24 (2) (d)	<p>Findings</p> <p>No five yearly electricity wiring check certificate available on the day of inspection.</p> <p>Action Required</p> <p>The registered person is required to ensure that a current electricity five yearly wiring check certificate is available.</p>	A copy of the certificate is required to be sent to HIW within 28 days of receiving this report.
C22	24 (2) (d)	<p>Findings</p> <p>No environmental risk assessment has been undertaken in the past 12 months.</p> <p>Action Required</p> <p>The registered person is required to ensure that an environmental risk assessment is carried out and documented annually.</p>	A copy of the required assessment to be sent to HIW within 28 days of receiving this report.
C31	8 (1) (f)	<p>Findings</p> <p>No policy for the destruction of patient records currently in place.</p> <p>Action Required</p> <p>The registered person is required to ensure a policy is formulated for the destruction of patient records.</p>	A copy of the policy must be sent to HIW within 28 of receipt of this report.

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
C8	Job descriptions for all staff to be made available.
C15	It is advised that a Protection of Vulnerable Adult (POVA) policy is formulated.
C15	All staff to receive training on the Protection of Vulnerable Adults.
C27	Cleaning schedules to be maintained.
P1	The expert medical protocol should be reviewed and signed every 3 years by the expert medical practitioner.

Healthcare Inspectorate Wales is the independent and regulatory of all healthcare in Wales. HIW's primary focus is on:

- 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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