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11 June 2014

Dear Ms Alford,

Re: Healthcare Inspectorate Wales unannounced visit to 1192 Laser and Beauty salon on the 10 June 2014.

As you are aware, Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to 1192 Laser and Beauty salon on the 10 June 2014.

Background

An unannounced inspection was undertaken at 1192 Laser and Beauty salon Swansea on the 10 June 2014. The inspection visit focused upon the analysis of a range of documentation, discussion with the Manager and other staff members, examination of patient records and other documentation and a tour of the premises.

The clinic was found to be clean and well appointed with a variety of equipment in place. The Statement of Purpose required review as did the Patients Guide as these documents were dated 2009.

Client satisfaction was reviewed by telephoning clients after each treatment and these were found to indicate that people were generally pleased with the service they receive. There had been no complaints received over the past year. It may be more appropriate to have a client questionnaire which could then be anonymised. This was discussed and we were told that when this system had been previously used there were few questionnaires completed and that telephone feedback was thought to be more effective.

Client records were found to be largely complete with evidence of information about medical history and signed consent forms but there were some missing client names and the need for regular record audit was discussed at the time of the visit. There was a Register of treatments that had been given.

A number of policies were in need of review and updating as these were all due for review on the 2/2013. Systems for mandatory education including; fire, data management, Protection of Vulnerable Adults (POVA), health and safety, infection control, manual handling and handling adverse incidents were not available for review at the time of the visit and we were informed that only fire training had taken place over the past 3 years. Staff files were not available for review at this visit.

Audit of infection control and cleaning services had not taken place and there were no policies for laundry or housekeeping and the need for these was discussed at the time of the visit.

Premises, Environment and Facilities

The registration certificate for the premises permitted the use of three machines for specifically nominated treatments. These machines were scheduled as a N Lite-V class 4 laser, a Chromolite IPL machine and a Q-lite Q-switched Nd:Yag class 4 laser. The latter machine had been exchanged for a Cynosure Revlite class 4 laser machine on 9 October 2013, and this was not reflected on the current registration certificate, on display. In addition, only part of the registration certificate was displayed, and there was no information appertaining to the address of the business, or the registered manager. In addition, there was a Phaserepl, IPI machine present within the treatment room, and we were informed that it was only there on a trial basis for staff use, and not for any treatment of clients. All of these machines were located within the treatment room, situated to the rear of the ground floor of the premises.

In addition, it was discovered that a further Chromogenics i-lipo class 3B laser was situated in the facial room, which was being used for inch loss and body contouring treatments. This machine and associated treatment process were not listed on the Certificate of Registration.

The treatment registers for the N-Lite V laser, and the Chromolite IPL were in order, but the original Q-lite register had merged into the Cynosure Revlite register, with no record of when this change took place. There were no treatment registers for the temporary Phaserepl machine, or the Chromogenics i-lipo machine located in the Facial Room.

There were no current training certificates, or Core of Knowledge training certificates on display, as it was advised that as the treatment room had been recently redecorated, these would be within personal files, which were locked away. There was no evidence of any contract or site assessment report from an appointed Laser Protection Adviser (LPA), nor there any records of servicing and calibration records for any of the machines, apart from one for the Cynosure machine, dated 4 December 2103. There were no up to date copies of the Medical Protocols available, or copies of any Local Rules, to which the staff had signed acceptance. Protective

eyewear was not checked, against the current local rules, as these were not available. External signage to the treatment room should be reviewed in conjunction with the LPA. There was no evidence of a current Fire Risk Assessment for the premises. There was only a small domestic fire extinguisher present within the room, and advice was given to place the CO2 extinguisher in the main reception area, adjacent to the treatment room door.

As the accommodation was leased, maintenance of the services installations were via ground landlord's contracts, copies of which were not available.

The visit highlighted areas that are noteworthy and include:

- Care is person centred, privacy, dignity and individuality are considered
- Individual patient records included a medical history and consent form. Patients sign, prior to treatment, to confirm that their medical circumstances had not changed

Concerns:

- There were no systems for mandatory education including Fire, Data Management, POVA, health and safety, infection control and manual handling available for review at the time of the visit
- All policies were in need of review and update and there were some policies that are required but were not found
- The Statement of Purpose and Patient Guide were in need of review
- Staff files were not available for review
- Treatment machines are present that are not listed on the Certificate of Registration
- No servicing or calibration records are available for the treatment machines
- No training certificate are available for the operators of the treatment machines
- No information was available regarding the current appointment of a Laser Protection Adviser, or any current site inspection report
- Treatment Registers were not available for all treatment machines
- A current Fire Risk Assessment was not available

The visit highlighted the issues below and these were provided in a verbal overview to the staff member, on the 10 June 2014

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
All policies were out of date and required review.	48 Hours	Regulations 9 (1)
Lone working policy was not found.	48 Hours	Regulation 9(1)(e)
Whistle-blowing policy was not found.	48 Hours	Regulation 9(2)(a)(c)
Clinical Governance policy required review.	48 Hours	Regulation 9(1)(o)
A policy for Privacy and Dignity required review.	48 Hours	Regulation 18 (1)(a)(b)
Infection control policies required review.	48 Hours	Regulation 9(1)(e)(k)(n)&15(8(a)(b)
A risk management policy and system required reviewing.	Immediate and ongoing	Regulation 9(1) (e) (k)
Health and Safety Policies were in need of review	48 Hours	Regulation 9(1) (e) (k)
Mandatory training evidence was not available for review.	3 months	Regulation 20(1)(a)(b) and 20 (2) (a) (b)
Statement of Purpose requires review and updating.	24 Hours	Regulation 8
Patient's Guide requires reviewing.	One Month	Regulation 7
A policy for the Protection of Vulnerable Adults was not found and procedures requires review and updating	48 Hours	Regulation 16 (1) (3)(a)
The policy for accidents and incidents was in need of review	48 Hours	Regulation 9(1)(e)(k)(n)
Manual Handling policy was not found.	48 Hours	Regulation 9(1)(e)
Complaints policy required review	48 Hours	Regulation 24 (1)

Action Required	Timescale for completion	Regulation Number
All human resources policies were in need of review, some being out of date and others requiring localising to the organisation	48 Hours	Regulation 9(1)(e)(h) & 20(3)(a)(b) & 20(4)
Resuscitation policy was in need of review	48 Hours	Regulation 9(1)(e)
There was no fire policy found	48 Hours	Regulation 9(f) & 26(4)(c)(d)(e)
The policy for consent was in need of review	48 Hours	Regulation 9(4)(a)(b)(c)
There was no policy for managing challenging behaviour found.	48 Hours	Regulation 9(1)(e)
There were no records available for staff appraisals.	48 Hours	Regulation 20(1)(a)(b) & 20(2)(a)(b)
Staff personnel files were unavailable for review	Immediate and ongoing	Regulation 20(1)(a) & 21(2)(d)
There was no Housekeeping policy, cleaning schedules or auditing procedures	48 Hours	Regulation 9(3)(a)(b)(c)(d) & 26(2)(a)
Laundry policy was not found.	48 Hours	Regulation 26(1)(a)
Inform the registration section at HIW of the details of the machines currently in use, and their associated treatments.	48 Hours	Regulation 6(3)
Display the full details of Registration Certificates issued by HIW	48 Hours	Regulation 6(3)
Ensure that the correct treatment registers are in place	48 Hours	Regulation 45(2)(a)(b)(c)
Provide copies of current training certificates for approved operators of the treatment machines	48 Hours	Regulation 45(3)(a)(b)(c)(d)(e)
Provide evidence of a current appointment of a Laser Protection Adviser	48 Hours	Regulation 45(1)

Action Required	Timescale for completion	Regulation Number
Provide a copy of the current LPA site inspection report.	48 Hours	Regulation 45(1)
Provide copies of current servicing and calibration reports for all machines	48 Hours	Regulation 45(1)
Provide current copies of Medical Protocols for treatments.	48 Hours	Regulation 45(1)
Provide current copies of Local Rules for machines currently in use	48 Hours	Regulation 45(1)
Provide a copy of the current Fire Risk Assessment	48 Hours	Regulation 26(4)(f)
Provide copies of the last two servicing reports for the fire alarm and emergency lighting installations.	2 Weeks	Regulation 26(4)(a)
Provide a copy of the latest electrical wiring report and PAT testing.	2 Weeks	Regulation 26(2)(a)

Good Practice Recommendations:

To relocate the CO2 fire extinguisher to the wall immediately outside the treatment room.

Please would you forward an action plan to hiw@wales.gsi.gov.uk by Wednesday 18 June 2014

Healthcare Inspectorate Wales (HIW) would like to thank staff members for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

Yours sincerely



Phil Price
Inspection Manager