

**Beauty Therapy and Electrolysis Clinic
46a Commercial Street
Newport
NP20 1LP**

Inspection 2010-2011

Healthcare Inspectorate Wales

Bevan House
3C Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8895

Fax: 029 2092 8877

www.hiw.org.uk

Inspection Date:	Inspection Managers:
18 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 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 Beauty Therapy and Electrolysis Clinic on 18 March 2011. The clinic was first registered on 29 September 2004 and is registered to provide a range of treatments using Intense Pulsed Light Technology.

The inspection visit focused upon the analysis of a range of documentation, discussion with the registered provider 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 however it did not include the required information as stated in regulation six of the Private and Voluntary Health Care (Wales) Regulations 2002. The patient guide did not include a summary of the results of the most recent consultation conducted in accordance with regulation 16.

The clinic seeks patient feedback which we were informed is analysed annually. However as stated above no analyses was available in the patient guide.

The clinic maintains a treatment register which includes date of treatment, patient name, area treated, shot count, signature authorisation and details of any adverse effects.

Patient records were kept locked away from the public in a fire proof cabinet. Three patient files were provided as evidence. Each file was signed, dated and legible. Patient consultations and initial medical questionnaires had been completed. However not all of the patient files had a signed consent form nor had the patients signed to confirm that their medical circumstances had not changed prior to each treatment. There is no procedure in place should a patient request access to view their own records.

Policies and Procedures

Policies and procedures were available along with their formulation dates. However there was no index or review dates available. There was also no signed declaration to show that all staff had read and understood the policies and procedures in place. Policies and procedures included:

- Complaints policy in place and information on how to make a complaint is available in the patient guide. There have been no complaints received in the past 12 months.
- Protection of Vulnerable Adults (POVA) policy in place however, no recent POVA training has been undertaken.
- Resuscitation policy in place which clearly indicates what the emergency procedures are should a patient require resuscitation.
- There is also a confidentiality agreement however none of the staff had signed the agreement.

However on the day of inspection the following policies were not available:

- Recruitment policy.
- Cleaning policy - we were informed that cleaning is undertaken routinely by the registered manager; however there was no cleaning policy available and no cleaning schedules were maintained.
- Also, no whistle blowing policy available should a member of staff wish to raise a concern about a colleague.

Environment Safety

The Laser Protection Advisor last visited the premises on 14 March 2011 which is compliant.

There was no evidence of an environmental risk assessment taking place in the past 12 months which is a requirement.

Fire safety compliance was evidenced. A fire risk assessment was carried out on 22 June 2010 and fire prevention training was undertaken on 10 February 2011.

Fire drills take place every six months at the premises. A fire log book is maintained which records all fire safety checks.

Maintenance certificates were provided to evidence compliance with the regulations. The five yearly wiring check was completed in June 2010 and Portable Appliance Testing (PAT) testing was undertaken in December 2010.

Safe Use of Equipment

The IPL/Laser machine was calibrated and serviced in February 2011 which is compliant.

Core of Knowledge and IPL/Laser training has been undertaken by the authorised operator. A Criminal Records Bureau (CRB) check has also been carried out.

An expert medical protocol was available; however this had not been signed by the expert medical practitioner. The protocol needs to be signed when it is first produced and also re-signed when it has been reviewed every three years.

The laser protection advisor is on site at all times and the authorised operator has signed up to the local rules for the safe operation of the equipment. During treatment the treatment room door is locked, there is a sign on the door and protective eyewear is used.

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.	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) below.	Compliant
1a)	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
2.	In relation to the treatment specified in condition 1a) above the registered person must only use the Equinox Light Touch Intense Pulsed Light System and only for the following purposes: a) Hair Removal.	Compliant
3.	No persons under the age of eighteen (18) years can receive treatment.	Compliant
4.	Overnight accommodation must not be provided at the establishment.	Compliant

Assessments

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 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 almost 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 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 not 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 met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard not applicable

Number	Standard Topic	Assessment
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 not met
C28	Patients are not treated with contaminated medical devices.	Standard not applicable
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 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 almost 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. Healthcare Inspectorate Wales 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
C1	6 (e)	<p>Findings</p> <p>The patient guide did not contain the required information</p> <p>Action Required</p> <p>The registered person add the following information to the patient guide:</p> <ul style="list-style-type: none"> A summary of the results of the most recent consultation in accordance with regulation 16. 	<p>A copy of an updated patient guide to be sent to HIW upon completion of the patient consultation.</p>

Standard	Regulation	Requirement	Time scale
C2	8 (2) (b)	<p>Findings</p> <p>Not all patients had signed a consent 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>	<p>Written assurance to be sent to HIW within 28 days of receiving this report to detail how this requirement is being addressed.</p>
C9	8 (1) (h)	<p>Findings</p> <p>No recruitment policy currently in place</p> <p>Action Required</p> <p>The registered person is required to ensure a recruitment policy is formulated.</p>	<p>A copy of the policy must be sent to HIW within 28 days of receipt of this report.</p>
C18	8 (1)	<p>Findings</p> <p>No whistle blowing policy currently in place.</p> <p>Action Required</p> <p>The registered person is required to ensure a whistle blowing policy is formulated and that staff are made aware of it.</p>	<p>A copy of the policy must be sent to HIW within 28 days of receipt of this report.</p>
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>	<p>A copy of the required assessment to be sent to HIW within 28 days of this report.</p>

Standard	Regulation	Requirement	Time scale
C27	24 (2) (c)	<p>Findings</p> <p>No cleaning policy currently in place.</p> <p>Action Required</p> <p>The registered person is required to ensure that a cleaning policy is formulated.</p>	A copy of the policy must be sent to HIW within 28 days of receipt of this report.
C33	8 (1) (f)	<p>Finding</p> <p>No policy for patients to access their own records</p> <p>Action Required</p> <p>The registered person is required to ensure that there is a policy in place for patients to access their own records.</p>	A copy of the policy must be sent to HIW within 28 days 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
C2	Sign to confirm that medical circumstances have not changed.
C7	Policy and procedure file to include index.
C7	All policies and procedures to include review dates.
C7	All staff to sign a declaration to show that they have read and understand all policies and procedures in place.
C15	Staff to receive training in Protection of Vulnerable Adults.
C27	Cleaning schedules to be completed and maintained.
C33	All staff to sign confidentiality agreement.
P1	The expert medical protocol to be signed by the expert medical practitioner. Also to be reviewed and re-signed every three years.

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- Making a significant 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 safety and quality of healthcare in Wales is made available to all.

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