

Ms Catherine Green
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5th August 2014

Dear Ms Green,

Re: Healthcare Inspectorate Wales announced visit to Bay Health and Beauty Clinic on 15th July 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Bay Health and Beauty Clinic on 15th July 2014.

Background

The inspection visit focused upon the analysis of a range of documentation, discussion with the Registered Manager and review of the laser facilities. The laser facility was found to be clean with appropriate equipment in place.

The Statement of Purpose and Patients Guide were available but the Statement of Purpose required updating. The inspection team members were informed that these documents were given to patients but the documents were not available in the waiting areas and the need for this was discussed at the time of inspection.

Patient satisfaction information was not available, as this had not been collected over the past two years. However, patient satisfaction questionnaires were available for patients to complete. It appears that patients forgot to complete the questionnaires. Some patient feedback is available through social media sites. The need for patient satisfaction surveys to be included in the Patients Guide was discussed at the time of the inspection. The inspection team were informed that there had been no complaints since the last inspection.

Discussion about patient's treatment outcomes took place at the daily staff team meeting, although these discussions were not recorded. This was discussed with the Registered Manager and it was advised that a record of this information should be kept for audit purposes. Patient records were reviewed and contained consent forms,

treatment regimes, and information about medical history which was updated at each visit.

Appropriate policies were present but a waste disposal policy was required. Mandatory training in data management, health and safety, infection control, Protection of Vulnerable Adults (POVA), and dealing with adverse incidents training were being arranged to take place this year.

The establishment was clean and tidy but there was no evidence of cleaning schedules or audits. Risk assessments were in place; however there was no evidence of these having been reviewed since 2012.

Staff files were reviewed and Criminal Records Bureau/Disclosure Barring Scheme (CRB/DBS) data needed updating and staff photographs needed to be included in files.

Premises, Environment and Facilities

The premises were well maintained and pleasantly decorated. There were several rooms offering various treatments, but the laser room was located on the ground floor of the building towards the rear on the right hand side.

The machine currently in use was a Lynton Lumina combined Intense Pulsed Light Laser (IPL) and laser machine, for which there were medical protocols and local rules available. A service agreement was in place, and the machine had been serviced and calibrated. The contract with the Laser Protection Adviser (LPA) was for the period 21st July 2013 to 20th July 2014, and would require renewal shortly. The Laser Protection Supervisor and her assistant had both attended recent training courses in July 2013.

The fire alarm installation was regularly tested, the last certificate being issued on 1st April 2014. Fire extinguishers were last serviced in July 2013, and a CO2 extinguisher was mounted in the corridor in close proximity to the laser treatment room. The fire risk assessment was viewed, and this had been reviewed on 31st May 2014, with no changes being required. The mains wiring installation had been tested on 16th June 2014, and the certificate was currently awaited. An employer's liability insurance certificate was viewed, which had just been renewed and valid until 15th July 2015.

The visit highlighted the following noteworthy areas:

- Care is person centred, privacy, dignity and individuality are considered
- Patients' notes were informative and contemporaneous

Concerns:

- Updated training in infection control, health and safety, data protection, POVA, and dealing with adverse incidents are needed
- Cleaning schedules audit needed
- Patient satisfaction survey needed
- Risk assessments required review
- CRB/DBS data and staff photographs are required
- Waste disposal policy not in place
- Adequate records maintained of services installations

Verbal feedback was given throughout and at the end of the inspection.

New Requirements from this Inspection

Action Required	Regulation Number
Update training in POVA and dealing with adverse incidents are needed	Regulation 20(1)(a)(b) & 20(2)(a) (b)
Statement of Purpose requires updating	Regulation 8
Mandatory training showed no clear records of training delivered	Regulation 20(1)(a)(b) & 20(2) (a) (b)
CRB/DBS status and staff photographs are required	Regulation 20(1)(a)(b) & 20(2) (a) (b)
There was no record for patient satisfaction survey results	Regulation 19(2)(b)(i)& (c)(i)(ii)&(e)
The risk management system required updating	Regulation 9(1) (e) (k)
Waste disposal policy is needed	Regulation 9(1) (n)
Forward a copy of the electrical periodic re-inspection certificate for the electric wiring installation	Regulation 26(2)(a) - Completed

HIW would like to thank all staff 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