



Independent Healthcare Inspection (Announced)

The Beauty Therapy and Electrolysis Clinic

10 June 2015

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Contents

1.	Introduction	2
2.	Methodology.....	3
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Quality of patient experience	6
	Delivery of safe and effective care	8
	Quality of management and leadership	10
6.	Next Steps.....	12
	Appendix A	13

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

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

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of staffing, management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

The Beauty Therapy and Electrolysis Clinic is registered with HIW as an independent hospital to provide treatments using Intense Pulsed Light Technology (IPL)³ at 46a Commercial Street, Newport. The service was first registered September 2004.

In relation to the registered service, only one member of staff (the registered manager) undertakes IPL treatments for the purpose of hair removal for adults over the age of 18 years old.

HIW completed an announced inspection to the service on 10 June 2015.

³ IPL is a broad spectrum lightsource technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

4. Summary

Patient feedback we saw indicated that patients were happy with the treatment and service provided. A patient's guide was available for patients to view, but required updating. Sufficient information was provided to patients before and following treatment to ensure they were fully informed about the procedure. A medical history and written consent was obtained and a register of patient treatment was maintained appropriately.

We found evidence that the Intense Pulsed Light equipment and treatments provided were used safely at the service. However, we found that two fire extinguishers needed to be serviced and a first aid kit for burns in the treatment room was out of date and needed to be replaced.

The practice had policies and procedures in place with the intention of providing safe care to patients. A statement of purpose was available but needed to be updated to comply with the regulations.

We identified the following areas for improvement during this inspection regarding – statement of purpose, patient's guide, policies and procedures and fitness of the registered manager. These are set out within the body of the report and in Appendix A. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of patient experience

Patient feedback we saw indicated that patients were happy with the treatment and service provided. A patient's guide was available for patients to view, but required updating. Sufficient information was provided to patients before and following treatment to ensure they were fully informed about the procedure. A medical history and written consent was obtained and a register of patient treatment was maintained appropriately.

A copy of the patient's guide was available to patients in an information book in the reception area. However, the patient's guide did not include all the required information, specifically:

- Summary of the statement of purpose
- Summary of complaints procedure
- Summary of the views/feedback on the service from patients
- Address of HIW
- The most recent HIW inspection report or information on how patients could obtain a copy (e.g. a link to the HIW website).

We also noticed that the patients guide included an incorrect reference to HIW regulations rather than the Independent Health Care (Wales) Regulations and we advised the provider to correct this.

Improvement needed

The service must update the patient's guide to include all required information.

The incorrect reference to HIW regulations should be addressed.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the IPL services provided. One patient questionnaire was completed prior to the date of inspection which indicated the patient was very satisfied with the service. We also saw evidence that the service had a method for regularly obtaining patient feedback and we were told this was analysed annually. We saw a copy of the results of feedback from six patients. This indicated that all patients were satisfied with the service and treatment provided.

We saw that all appropriate patient and treatment information was recorded. A treatment register was maintained which included the relevant patient and treatment

information, including details of any adverse effects. We saw that patients treated had completed medical history forms and signed written consent to treatment.

The registered manager told us that all patients were provided with a consultation prior to treatment and were given information about the possible risks and benefits of treatment. We were also shown an information sheet which patients could take home to consider their treatment options. Post treatment information was also provided to patients with aftercare advice.

The registered manager demonstrated they understood the need to respect and observe patient's privacy and dignity. There were arrangements for patients to change in private prior to treatment, doors and curtains were kept closed during treatment and towels were provided to maintain patients' dignity.

As the clinic is located on the first floor of the building and can only be reached by a flight of stairs, wheelchair users and patients with mobility difficulties cannot be treated. This is reflected in the service's statement of purpose.

We noticed that a registration certificate was on display in the corridor of the clinic, but this was out of date and the current HIW registration certificate was not on display.

Improvement needed

The service should display a current HIW registration certificate at the premises so that it is visible to patients.

Delivery of safe and effective care

We found evidence that the Intense Pulsed Light equipment and treatments provided were used safely at the service. However, we found that two fire extinguishers needed to be serviced and a first aid kit for burns in the treatment room was out of date and needed to be replaced.

We looked at the arrangements and documents relating to the IPL machine. We found evidence that the relevant IPL/Laser training had been undertaken by the authorised operator of the machine and updated training was completed in March 2014.

The Laser Protection Advisor, who provides expert guidance in relation to laser/IPL equipment, last visited the premises in March 2015 and provided a visit report. The registered manager confirmed that areas identified in the report had been addressed. The IPL machine was recently serviced and the authorised operator has signed up to the local rules for the safe operation of the equipment.

We were told that during treatment, the room door is locked with a sign on the door to indicate the IPL machine is in use and protective eyewear is worn. There were suitable arrangements to prevent unauthorised use of the IPL machine.

We looked at maintenance certificates for the premises and saw that Portable Appliance Testing (PAT) testing to check that small electrical appliances were fit for purpose and safe to use, was conducted regularly. A five yearly wiring check was last completed in June 2010 and was due for renewal at the end of June 2015. We highlighted this to the registered manager who was aware this would need to be completed. No gas or lifts were provided at the premises.

We saw that risk assessments had been completed in relation to the IPL equipment and treatment room, in addition to a fire risk assessment. Fire drills were conducted regularly and fire exits were signposted. There were three fire extinguishers at the clinic. However, we saw that two extinguishers were several years overdue for servicing. This was highlighted to the registered manager on the day of inspection who agreed to address this. Following the inspection, HIW consulted with South Wales Fire Service regarding the fire fighting equipment at this setting and confirmed the expectation of regular servicing of the equipment. A maintenance certificate was received from the registered manager following the inspection to indicate the fire extinguishers had now been inspected. We were therefore assured that appropriate action had been taken regarding the fire extinguishers; however it is the responsibility of the registered manager to ensure there are on-going suitable arrangements in place to protect patients and staff in the event of a fire.

Generally, we found the clinic was clean and tidy. We were told that no clinical waste was produced at the service and domestic waste was collected by the council. There was a cleaning policy which detailed the cleaning of the treatment area/equipment between patients and cleaning schedules were maintained. However, there was no infection control policy to detail arrangements at the clinic such as hand washing.

Improvement needed

The service should develop an infection control policy.

We discussed the emergency arrangements with the registered manager who confirmed they were aware of the procedure to follow in the event of fire or medical emergency. We saw the treatment room contained a first aid kit for burns, but we found this was several years out of date and the seals of some materials had perished, meaning they were no longer sterile.

Improvement needed

The service should ensure that patients and service users are provided with safe, effective treatment and care. Specifically, that any materials and equipment intended to be used for first aid must be suitable for use.

Quality of management and leadership

The practice had policies and procedures in place with the intention of providing safe care to patients. A statement of purpose was available but needed to be updated to comply with the regulations.

The Beauty Therapy and Electrolysis Clinic is owned by the registered manager who is the sole operator of the registered IPL machine. There was one other staff member working at the clinic, but they were not involved with providing IPL treatments. Staff at the clinic were clear about their roles and responsibilities.

There was a statement of purpose in place but this needed to be updated to comply with the relevant regulations. Specifically, the statement of purpose was missing the arrangements for seeking patients' views (i.e. by questionnaire), the date it was written and revised and the address of HIW in regards to the complaints procedure.

Improvement needed

The service must ensure that the statement of purpose is updated to include arrangements for seeking patients' views, the date it was written and revised and the address of HIW in regards to the complaints procedure.

We found that the service had reviewed the policies and procedures in place within the last three years. However, as mentioned in the previous section, the service was missing an infection control policy. We saw a Protection of Vulnerable Adults (POVA) policy was in place, but the details of the local safeguarding lead needed to be confirmed and updated. No recent POVA training had been completed. There was no policy or training conducted in relation of the protection of children, but the registered manager confirmed that children were not seen at the clinic.

Improvement needed

The service should ensure the POVA policy is up-to-date and training in the protection of vulnerable adults is completed.

There were suitable arrangements in place to ensure that patient records and information relating to IPL treatments were kept confidential and secure.

We looked at how the clinic monitored the quality of the services provided. We found the service had assessed risks relating to health and safety of staff and patients and had regularly obtained relevant professional advice from the Laser Protection Advisor. Patients were asked to complete comprehensive feedback forms and there was a suggestions box provided in the reception area where patients could provide comments anonymously. Patients could also provide their views and comments via

the clinic's website. Patient feedback was reviewed to assess whether changes in treatment or services provided were needed. This means the service has taken some steps to ensure the quality of the service provided.

At the time of our inspection, the registered manager did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations. We discussed this with the registered manager who agreed to ensure that their DBS check was updated in order to comply with current regulations.

Improvement needed

The registered manager must have a DBS check dated within the last three years.

As the registered manager was the only member of staff involved in IPL services, information relating to workforce planning and training arrangements (i.e. induction and appraisals) did not form part of this inspection.

There was a complaints policy in accordance with the regulations. We were told the service had not received any complaints, but were shown the folder where any complaints received would be recorded, including verbal complaints.

The clinic had a website which provided information for patients on treatments and contact information. We noticed on the main page of the website there was a statement about the clinic's registration with HIW. However, the statement also included information that was not correct and was potentially misleading for patients about the role of HIW and the clinic's relationship with HIW. For example, it stated the clinic had "*an unmarked record. We get inspected annually and have certificates of approval for our time and effort*". While the clinic is registered with HIW and received a certificate of registration, this is not an approval of the service. The reference to an unmarked record is also misleading.

Improvement needed

The service should update the information on their website regarding the references to the registration with HIW and inspection.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at The Beauty Therapy and Electrolysis Clinic will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: The Beauty Therapy and Electrolysis Clinic

Date of Inspection: 10 June 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The service must update the patient's guide to include all required information. The incorrect reference to HIW regulations should be addressed	Regulation 7			
7	The service should display a current HIW registration certificate at the premises so that it is visible to patients.				
Delivery of Safe and Effective Care					
9	The service should develop an infection control policy.	Regulation 9 (n)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
9	The service should ensure that patients and service users are provided with safe, effective treatment and care. Specifically, that any materials and equipment intended to be used for first aid must be suitable for use.	Standard 7			
Quality of Staffing, Management and Leadership					
10	The service must ensure that the statement of purpose is updated to include arrangements for seeking patients' views, the date it was written and revised and the address of HIW in regards to the complaints procedure.	Regulation 6 (1) and Schedule 1			
10	The service should ensure the POVA policy is up-to-date and training in the protection of vulnerable adults is completed.	Standard 11 NMS			
11	The registered manager must have a DBS check dated within the last three years.	Regulation 12 (c) and Schedule 2			
11	The service should update the information on their website regarding	Standard 18 (NMS)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	the references to the registration with HIW and inspection.				

Service Representative:

Name (print):

Title:

Date: