



# **Independent Healthcare Inspection (Announced)**

## Destination Skin Ltd

16 March 2016

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## 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 Wales<sup>1</sup>.

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 management and leadership.

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<sup>1</sup> 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 notice<sup>2</sup>. 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.

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<sup>2</sup> 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

Destination Skin Ltd is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)<sup>3</sup> treatments at House of Fraser, 14-18 St Mary Street, Cardiff. The service was first registered in 2007.

At the time of inspection, the staff team included the responsible individual, registered manager and three IPL/laser operators. The service is registered to provide the following treatments to patients over the age of 18 years:

Engergist Ultra Intensed Pulsed Light System for the following treatments:

- Hair removal
- Skin rejuvenation
- Vascular lesions
- Pigmented lesions
- Acne treatments.

Services registered with HIW are only entitled to provide treatments in accordance with their conditions of registration. At the time of inspection, the service was in the process of varying their conditions of registration with HIW because they had another Class 4 laser which was in use.

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<sup>3</sup> IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

## 4. Summary

We identified areas for improvement and regulatory breaches during this inspection. Further details of these improvements are provided in Appendix A.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service is committed to providing a positive experience for patients
- The service had a system for seeking the views of patients
- We saw evidence that patients were satisfied with their treatment and the service provided.

This is what we found the service needed to improve:

- Updates to the patient's guide and statement of purpose
- Arrangements for the safety of the environment and laser/IPL equipment, including review of local rules and onsite visit by a Laser Protection Adviser
- Procedures for safeguarding vulnerable adults
- Arrangements for managing risk and health and safety, including updates to the fire risk assessment
- Updates to policies and procedures
- Systems for governance and monitoring the quality of the service against the requirements of the regulations and standards.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered manager and responsible individual take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with the regulations.

## 5. Findings

### *Quality of patient experience*

#### **Patient information and consent (Standard 9)**

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

We were told that patients were provided with a verbal consultation prior to treatment, which included discussion of the risks and benefits. Patients were asked to provide written consent to treatment and we saw examples of information and aftercare guidance given to patients.

We saw that patients were asked to complete medical history forms and any updates or changes were checked at each appointment and signed by patients. We noted this as good practice.

We were told that a treatment register was kept on the service's computer system; we saw an example of this which showed that the appropriate information was recorded. The registered manager confirmed that this system enabled the audit of patient records. Treatment information was also duplicated within individual patient (hard copy) files.

#### **Communicating effectively (Standard 18)**

A patient's guide document was available but needed the following updates in accordance with the regulations:

- Details of how patients can access the latest HIW inspection report (i.e. by providing HIW's website address)
- A summary of the latest patient feedback
- Contact details for HIW, specifically the telephone number
- In regards to the summary of the complaints procedure, HIW contact details should be referenced.

#### ***Improvement needed***

***The patient's guide must be updated in accordance with the regulations.***

We found that a statement of purpose was available, but updates were needed to comply with the regulations, including:



- The relevant qualifications of staff, including Core of Knowledge<sup>4</sup> training
- The arrangements for chaperones
- Contact details for HIW, specifically the telephone number
- Telephone and email contact details for the registered provider and responsible individual.

***Improvement needed***

***The statement of purpose must be updated in accordance with the regulations.***

***A copy of the updated statement of purpose must be sent to HIW.***

**Citizen engagement and feedback (Standard 5)**

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Nineteen patient questionnaires were completed prior to the date of inspection. Unfortunately, not all aspects of the patient questionnaire were provided to patients, so we were only able to gain limited information about patient's views of the service provided. The parts of the questionnaires which were completed showed that the majority of patients strongly agreed or agreed with statements that the clinic was clean, tidy and that staff were polite, caring, listened and provided enough information about their treatment.

The registered manager told us that the service conducted their own patient questionnaires approximately twice a year and the results were considered. We saw a sample of completed questionnaires which showed that patients were generally satisfied with the service provided. Patients could also provide feedback anonymously through service's website and by email. We were told that patient feedback was collated and analysed by the service's head office and the results were shared with the registered manager who would consider any necessary actions. This meant that the service had a suitable method of regularly gaining patient feedback, as a way of monitoring the quality of the service provided.

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<sup>4</sup> Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

## *Delivery of safe and effective care*

### **Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)**

On the day of inspection, we were not able to see certificates to show that the registered manager and all laser operators had completed up-to-date Core of Knowledge training within the last three years. We saw that all staff had completed training in the use of the IPL equipment, but we were not able to see certificates for training on the laser machine on the day. The registered manager confirmed that all required training had been completed by staff, but they had experienced issues in locating the certificates. It is important that records of mandatory training are maintained for all staff. Following the inspection, training certificates were sent to HIW.

#### ***Improvement needed***

***Training records should be appropriately maintained and reviewed to ensure staff have received up-to-date training relevant to their role.***

We looked at the local rules, which detail the safe operation of the equipment and we identified the following areas of concern:

- Updates had been made without an onsite visit to the service by the Laser Protection Adviser
- We saw that recent corrections had been made to the latest local rules, including the type and number of IPL/laser machines in use. Despite these updates, the rules still included incorrect and contradictory information, including references to incorrect regulations and regulatory bodies
- We saw that the rules had been forward dated to April 2016, meaning that it was unclear when the review had actually taken place
- The local rules stated that treatments were provided to children, contrary to the service's conditions of HIW registration.

Based on the above, we could not be assured that the local rules provided sufficient guidance about the working practices for each laser and IPL machine. The registered manager confirmed that this would be addressed without delay.

### ***Improvement needed***

***The service must ensure there are correct and up-to-date local rules for each laser and IPL machine to sufficiently detail the working practices for staff to follow.***

We discussed the arrangements the service had in place with a Laser Protection Adviser. The service had been in contact with a Laser Protection Adviser within the last year. However, we were told this had been through remote self-assessments rather than an onsite visit to the service. It was unclear when the Laser Protection Adviser last visited the premises, we saw that there was an audit in 2015 and staff told us they believed an onsite visit had been conducted, but we could not establish from this documentation whether this was the case. Overall, we could not be assured that the self-assessment arrangements with the Laser Protection Adviser were sufficient to help ensure that the safety of the environment, equipment and patients at the service.

### ***Improvement needed***

***Patient safety and welfare must be protected. Specifically, an onsite assessment of the safety of the equipment and environment at the service must be conducted by a Laser Protection Adviser.***

***A copy of the Laser Protection Adviser visit report must be provided to HIW.***

We saw that eye protection was available for patients and the laser operators. The eye protection appeared in visibly suitable condition and we were told that these were cleaned between each patient and checked regularly for any damage.

We saw evidence that the IPL machine had been recently serviced, to help ensure they were safe for use. However, servicing certificates were not available for the laser machine.

### ***Improvement needed***

***Servicing records for the all IPL/laser equipment must be maintained.***

***Copies of the latest servicing certificate for the laser machine must be sent to HIW.***

There was a removable sign outside the treatment room to indicate when the laser/IPL machine is in use. The registered manager also confirmed that the treatment room doors were locked, in order to prevent unauthorised access. We saw there were arrangements for the activation keys for the laser/IPL machines to be stored securely.

### **Safeguarding children and vulnerable adults (Standard 11)**

The service is registered to treat patients over the age of 18 year only. The registered manager confirmed that this was complied with.

We found updates were needed to the safeguarding policy to provide a clear procedure for staff at the service to follow in the event of a safeguarding concern, including the correct details of the local safeguarding teams. The policy stated that vulnerable adults would be supported during treatment, but there was no information about the arrangements for assessing mental capacity. The registered manager confirmed that training in the protection of vulnerable adults had been recently completed by staff, but certificates were not available for us to see on the day.

#### ***Improvement needed***

***Robust processes must be in place to ensure the welfare and safety of vulnerable adults who may use the service, including the review of policies, procedures and ensuring staff are aware of the procedure to follow in the event of a safeguarding concern.***

### **Infection prevention and control and decontamination (Standard 13)**

We saw the service was visibly clean and tidy. An infection control policy was in place, but we found this needed to be updated to include further details of the arrangements for cleaning at the service.

#### ***Improvement needed***

***The infection control policy must be updated with further details of the cleaning arrangements.***

### **Managing risk and health and safety (Standard 22)**

As the service is located within House of Fraser, we were told that maintenance was the responsibility of House of Fraser, but the service did not have details of these arrangements. This meant that we were not able see evidence of the maintenance arrangements which affect staff and patients at the service, including wiring checks and insurance and servicing for the lifts.

#### ***Improvement needed***

***The service must ensure that all appropriate measures and precautions are in place to protect the health and safety of patients and staff at this service. Specifically, the registered manager should seek clarification and documentation on all maintenance arrangements for the areas used by the service.***

We saw evidence that Portable Appliance Testing (PAT) testing had been recently conducted, to help ensure that small electrical appliances were safe to use.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits had been signposted. A fire risk assessment had been completed by the service; however, we noticed this was not sufficiently detailed with the control measures in place to help reduce the risks of fire. We advised the registered manager to use the guidance issued by South Wales Fire Service.

***Improvement needed***

***The service should review the appropriateness of the fire risk assessment.***

## *Quality of management and leadership*

### **Governance and accountability framework (Standard 1)**

Destination Skin Ltd is run by the registered manager and responsible individual. The company has a number of sites located across the UK.

On the day of inspection, there were a number of documents that were not available for us to view. The service was provided with a list of documents approximately four weeks in advance of the inspection. It was therefore disappointing that the service had not been sufficiently proactive in ensuring this information was available on the day of inspection.

Staff told us that policies and procedures were created and updated centrally through the service's head office. We looked at a small sample of policies and saw they had dates indicating they had been reviewed in the last year. Because the company has a number of sites, we saw that documentation did not always include the correct references to regulations, standards and organisations in Wales. We also found that the policies needed to be tailored for use at the service, such as the infection control policy. We highlighted this to the registered manager.

### ***Improvement needed***

***All policies and procedures must comply with the regulatory requirements and standards applicable in Wales and must be appropriately tailored for use at the service.***

### **Dealing with concerns and managing incidents (Standard 23)**

A complaints policy was available which detailed the procedure for staff to follow in the event a complaint is received. In accordance with the regulations, a written copy of the procedure should be available upon request to patients. While details of the complaints procedure had been included within the statement of purpose, this needed to include further details of where patients could address their concerns. We advised the service to make arrangements for this.

The registered manager told us that all informal, verbal and written complaints were recorded electronically and that common themes would be highlighted for the registered manager to address. We were assured that issues identified would be promptly addressed.

## **Records management (Standard 20)**

We found that patient information was kept securely at the service. Staff told us that electronic records were password protected and computer screens were locked when unattended. Paper records were kept in filing cabinets and the registered manager confirmed they were locked when not in use.

## **Workforce recruitment and employment practices (Standard 24)**

At the time of our inspection, we were not able to check whether the registered manager and laser/IPL operators had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations, because these documents were not available. Following the inspection, certificates confirming staff had up-to-date DBS checks were sent to HIW.

We were shown an example of the induction programme in place for new staff and we were told that annual staff appraisals were conducted. Appraisals are important to ensure that the staff have the right knowledge and skills to carry out their role and any training needs are identified.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. It was also evident that the registered manager needed to improve their knowledge and understanding of these requirements.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a provider's ability to run their service with sufficient care, competence and skill. There is an expectation, therefore, that the registered manager and responsible individual take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with regulations.

### ***Improvement needed***

***There must be effective management and quality assurance systems in place to ensure compliance with the standards and regulations, as a means to meeting the legal obligations to provide safe and effective laser treatments to patients.***

## 6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified within 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 Destination Skin 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:** Destination Skin Ltd

**Date of Inspection:** 16 March 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
<b>Quality of Patient Experience</b>					
6	The patient's guide must be updated in accordance with the regulations.	Regulation 7	The patients guide has been reviewed and updated accurately. It is now clearer and easier to understand for the patient	Registered Manager & Responsible Individual	Complete
7	The statement of purpose must be updated in accordance with the regulations. A copy of the updated statement of purpose must be sent to HIW.	Regulation 6 (1) and Schedule 1	The statement of purpose has been updated and amendments made to now be in lines with regulations and is clearer for the patient	Registered Manager & Responsible Individual	Complete
<b>Delivery of Safe and Effective Care</b>					

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
8	Training records should be appropriately maintained and reviewed to ensure staff have received up-to-date training relevant to their role.	Regulation 20 & 45; Standard 25	All training has been completed and is up to date for all staff members. All training certificates have been located and provided by suppliers and are present for inspection by HIW or at the request of a client. Regular reviews have been put in place to ensure training records are closely monitored and maintained.	Registered Manager & LPS	Complete
9	The service must ensure there are correct and up-to-date local rules for each laser and IPL machine to sufficiently detail the working practices for staff to follow.	HIW conditions of registration Regulation 15 (1) & (2) Standard 16	A visit has been arranged with our LPA to Audit the clinic. The LPA will produce up to date and accurate local rules upon completing his site visit. Annual visits have been diarised.	Registered Manager & LPS	2 months
9	Patient safety and welfare must be protected. Specifically, an onsite assessment of the safety of the equipment and environment at the service must be conducted by a Laser Protection Adviser. A copy of the Laser Protection	Regulation 15 (1), (2) & 19(1)(2) Standard 16	Our last Audit was March 2015, stated in our LPS folder. A visit has been arranged with our LPA to Audit the clinic. The LPA will produce an Audit report upon completion of his site visit. Annual visits have been diarised.	Registered Manager, LPS & Responsible Individual	2 months

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	Adviser visit report must be provided to HIW.				
9	<p>Servicing records for the all IPL/laser equipment must be maintained.</p> <p>Copies of the latest servicing certificate for the laser machine must be sent to HIW.</p>	Regulation 15 (1) & (2)	All laser maintenance, service and installation records are kept in our LPS folder and have been submitted to HIW	Registered Manager	Complete
9	Robust processes must be in place to ensure the welfare and safety of vulnerable adults who may use the service, including the review of policies, procedures and ensuring staff are aware of the procedure to follow in the event of a safeguarding concern.	Regulation 16 Standard 11	<p>All staff upon joining the business will complete Level 1 POVA training, to ensure they are understand how to identify, report and manage any events of safeguarding concern. Also their responsibilities in regards to providing services and care to any vulnerable adult.</p> <p>Our policies and protocols have been updated to be more comprehensive and give better guidance to our staff and reviewed at regular intervals.</p>	Registered Manager & Responsible Individual	Complete
10	The infection control policy must be updated with further details of the	Regulation 9 (n)	The thorough Infection control process that we have in place has	Registered Manager	Complete

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	cleaning arrangements.		been more clearly updated onto the policy to specifically outline the arrangements we have in place and conduct daily.		
11	The service must ensure that all appropriate measures and precautions are in place to protect the health and safety of patients and staff at this service. Specifically, the registered manager should seek clarification and documentation on all maintenance arrangements for the areas used by the service.	Regulation 15 (1),(2); 19(1); Standard 22	Relevant maintenance records for areas of House Of Fraser that our patients and staff could be at risk have been sought and records will be updated regularly and kept within the clinic. The health and safety inspections, risk assessments and audits currently carried out on a monthly and annual basis within the clinic will remain in place and as always are diarised.	Registered Manager	Complete
11	The service should review the appropriateness of the fire risk assessment.	Regulation 15 (1),(2); 19(1); 26(5)(b) Standard 22	All members of the team have had relevant health and safety and fire training to ensure risks are minimised. The fire risk assessment is under review to ensure its comprehensiveness.	Registered Manager & Responsible Individual	1 month
<b>Quality of Management and Leadership</b>					
12	All policies and procedures must	Regulation	All policies and procedures have	Registered	Complete

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	comply with the regulatory requirements and standards applicable in Wales and must be appropriately tailored for use at the service.	9	now been reviewed and are relevant specifically for our clinic being in Wales. We will review our policies and protocols are regular intervals to ensure that they are maintained to the required standards.	Manager & Responsible Individual	
13	There must be effective management and quality assurance systems in place to ensure compliance with the standards and regulations, as a means to meeting the legal obligations to provide safe and effective laser treatments to patients.	Regulation 19 Standard 1	<p>All points raised after the inspection have been actioned with immediate effect and will stay in place and managed with a now better knowledge.</p> <p>The clinic is now better organised and the Registered Manager and Responsible Individual have a better and clearer understanding of the requirements that are expected and comply with legal obligations of providing laser within Wales.</p> <p>The safety and care of our staff and patients will always be at the forefront of the service. Training and management plans will be implemented and reviewed regularly to ensure we provide a service that is compliant, referring regularly to</p>	Registered Manager & Responsible Individual	Complete

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			the National Minimum Standards and Regulations set out.		

**Service Representative:**

**Name (print):** Brit Ekelund

**Title:** Registered Manager

**Date:** 14.4.16