

Independent Healthcare Inspection (Announced) Dermaskin

Inspection date: 24 August 2016

Publication date: 25 November 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 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 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

Dermaskin is registered as an independent hospital because it provides Class 3B/4 laser treatments at LGF York Court, Schooner Way, Cardiff, CF10 4DY. The service was first registered in 2014.

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

Monaliza-2 Fractionated CO2 Laser for the following treatments:

- Skin resurfacing
- Solar keratosis removal.

Monaliza-3 Q-Switched Nd:YAG Laser for the following treatments:

- Tattoo removal.

4. Summary

We looked at how the service complied with the requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards.

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
- Patients were encouraged to provide feedback on treatments received through a variety of means
- Patient feedback was positive regarding the service being provided.

This is what we found the service needed to improve:

- Updates to the patient guide and statement of purpose

Further details of these improvements are provided in Appendix A.

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. This is because patients were provided with a verbal consultation prior to treatment. This discussion included the risk and benefits and likely outcome of the treatment offered. We were told that all patients had a patch test prior to treatment and were given after care guidance following treatment.

Patients were asked to provide written consent to treatment and we saw records to evidence this. We saw that the patient consent forms required a countersignature from a staff member; however, not all records we sampled had been countersigned. HIW advised that where a signature is required, the service should ensure that this is undertaken. The registered manager agreed to ensure that patient consent forms are countersigned where applicable.

We saw that patients were asked to complete medical history forms. Updates or changes were checked at any subsequent appointment and records updated.

Dermaskin had a treatment register to record and maintain patient information. We saw examples of some records and noted appropriate information was recorded. We discussed that the quality of the records could be improved to ensure that the date of treatment is easily identifiable and that the name of the operator is consistently recorded. The registered manager agreed to address this.

Communicating effectively (Standard 18)

A patient's guide document was available but updates were required in accordance with the regulations, including details of how patients can access the latest HIW inspection report (i.e. by providing HIW's website address).

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:

- Clarification that the registered medical service provider is also the registered manager

- Clarification that no one under the age of 18 will receive any registered treatment
- Updates to HIW's telephone number.

Improvement needed

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

A copy of the updated statement of purpose must be provided to HIW

Citizen engagement and feedback (Standard 5)

Prior to the inspection, the service 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.

Without exception, all patients strongly agreed with statements that the service was clean, tidy and that staff were polite, caring, listened and provided enough information about their treatment. All patients rated their care and treatment as 'excellent'.

We were told that the service undertakes a formal annual survey to obtain patient feedback and the results including action taken, displayed in the reception area. The registered manager told us that patients were able to provide comments, suggestions and feedback on an informal basis through a variety of means, including a suggestion book, via email, verbally and through external rating websites.

Delivery of safe and effective care

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

All laser operators had received training on how to use the laser machines and certificates were seen to confirm this. We saw certificates to show that all laser operators had received Core of Knowledge training within the last three years.

We saw that Dermaskin had a contract with a Laser Protection Advisor and we saw documents to show they had visited in 2014 and 2016. However, we were not able to see evidence that the Laser Protection Adviser had visited in 2015 and we reminded the registered manager to ensure that they arranged and documented annual visits from the Laser Protection Adviser. We saw that the Laser Protection Adviser had reviewed the local rules detailing the safe operation of the laser machines and carried out an environmental risk assessment. The importance of having an annual review of the local rules was discussed with the registered manager, as this forms part of the conditions of registration with HIW.

Improvement needed

The registered manager must ensure that the local rules are reviewed at least annually by the relevant expert in the field of laser or intense pulsed light.

There was a sign on the outside of the treatment room to indicate when the laser machines were in use, to prevent unauthorised access to the room whilst the machines are in operation.

We were told by the registered manager that the laser machines are turned off in between use and the keys removed and kept securely in the manager's office.

We saw that eye protection was available for both patients and the laser operators. On inspection, the eye protection appeared to be in visibly suitable condition.

We were told that both machines had been serviced and calibrated within the last 12 months, to help ensure they were safe for use. We saw paperwork to confirm this; however, the documentation did not clearly identify the machines and we advised the registered manager to address this at the time of the next service.

There were medical protocols in place for each laser machine, which were signed by the registered manager, an expert medical practitioner. The medical protocols were reviewed on an annual basis and also dated and seen by the Laser Protection Adviser.

Safeguarding children and vulnerable adults (Standard 11)

The service is registered to treat patients over the age of 18 years only.

The registered manager is the safeguarding lead for the service. We saw that there was a safeguarding policy in place outlining the process to staff in the event of a safeguarding concern. We recommended to the registered manager that the policy could be updated to provide further detail to staff on the steps to take in the event of a safeguarding concern. The registered manager agreed to update the policy.

Improvement needed

The safeguarding policy should be updated to provide clear guidance for staff to follow in the event of a safeguarding concern.

The registered manager confirmed that training in the protection of vulnerable adults had been completed. Although certificates were not available to view on the day of inspection, these were subsequently received by HIW evidencing completion of training for the four laser operators.

Infection prevention and control and decontamination (Standard 13)

We saw the service was visibly clean and tidy. The service had an infection control policy in place detailing arrangements for routine service cleaning schedules and cleaning equipment and treatment areas between patients.

There was a contract in place for the safe disposal of clinical waste.

Managing risk and health and safety (Standard 22)

We saw evidence that a gas safety check had been completed within the last year, to help ensure that the premises were safe.

To ensure that small electrical appliances were safe to use, we saw that Portable Appliance Testing (PAT) had been conducted within the last 12 months. We also saw a certificate to evidence that a wiring check had been completed within the last five years.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were signposted. We were told that fire drills are carried out for staff training; however, this information was not recorded. We advised to the registered manager that it would be best practice to maintain a record of all fire drills completed.

We were told that all staff undertake basic life support training on an annual basis, and the service had a first aid kit available in the event of need. The registered manager was appointed the first aid lead for the service.

Quality of management and leadership

Governance and accountability framework (Standard 1)

Dermaskin is run by the registered manager who is able to provide laser treatments. There are three additional members of staff who are laser operators.

We saw the service had a number of policies in place and as detailed within this report some needed to be implemented and/or updated. We were told the policies were updated on an annual basis, unless there was a need for a review to be carried out earlier. The registered manager was advised to include an index page to the policy file to include staff signatures to show that they had read and understood any changes to their policies and procedures.

The registered manager described the arrangements for assessing and monitoring the quality of service being provided. This included carrying out clinical and non-clinical audits, assessing patient feedback and obtaining views of staff. It was recommended that audits and their outcomes should be formally recorded. The registered manager was reminded of the importance of regularly reviewing the regulations as a means to ensure ongoing compliance.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and provided enough information for clients to raise a concern should they need to. A hard copy of the policy was not readily available for patients to obtain should they wish to do so discreetly. We advised that a hard copy of the complaints policy should be made easily accessible in reception for patients to access.

The registered manager told us that they had not received any formal complaints to date, but described how they would formally record the information in the event of receiving one. We were told that verbal feedback is generally recorded in individual patient records. We discussed that both written and verbal complaints, if they are received, should be formally recorded so that any common themes or issues identified could be addressed.

Records management (Standard 20)

We found that patient information was kept securely at the service. We were told that staff have individual passwords to gain access to patient records. Paper records were stored in a locked filing cabinet.

Workforce recruitment and employment practices (Standard 24)

We saw that the registered manager and one laser operator had an enhanced Disclosure Barring Service (DBS) check in place. The remaining two laser operators had recently applied for DBS checks and we saw confirmation of these applications. The registered manager told us they had not needed to recruit any new members of staff recently, but described a recruitment process which included appropriate pre-employment checks.

The registered manager confirmed that all staff have an annual appraisal and training needs are identified as a result.

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 Dermaskin 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: Dermaskin

Date of Inspection: 24 August 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
page 6	The patient's guide must be updated in accordance with the regulations	Regulation 7 Standard 18	The patient guide has been updated with HIW website for inspection report. And it has been clarified that Dr Gautam is also the registered manager	SG	Completed 10/10/16
Page 7	The statement of purpose must be updated in accordance with the regulations. A copy of the updated statement of purpose must be provided to HIW	Regulation 6 Standard 18	Updated to state Dr Gautam is registered manager. Updated to state that no registered treatment is carried out on anyone under 18years old. HIW telephone no. has been updated	SG	Completed 10/10/16

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Delivery of safe & effective care					
Page 8	The registered manager must ensure that the local rules are reviewed at least annually by the relevant expert in the field of laser or intense pulsed light.	HIW conditions of registration Regulation 15 & 19 Standard 16	<p>We have had an LPA contract in place with annual visits since the registration of the clinic. The visit due at the end of 2015 was delayed until early 2016 due to scheduling difficulties by our LPA.</p> <p>Our next visit is already scheduled for Dec 2016 which will bring the annual visit back into the required time-frame and we will ensure that in future the frequency is no longer than 12months.</p> <p>We work closely with our LPA to ensure we are following guidelines and protocols diligently and are providing an appropriate and safe service.</p>	SG	Completed Next Visit- Dec 16
Page 9	The safeguarding policy should be updated to provide clear guidance for staff to follow in the event of a	Regulation 16 Standard 11	Safeguarding policy has been updated. Staff have updated their training and a clear flowchart and contacts have been provided to all	SG	Completed 10/10/16

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	safeguarding concern.		staff.		
Quality of staffing, management & leadership					
	No improvements required				

Service Representative:

Name (print): Mr Siddarth Gautam

Title: Registered Manager

Date: 04/11/16