

Independent Healthcare Inspection (Announced)

City Skin Doctor, Cardiff

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of City Skin Doctor, 225 City Road, Cardiff, CF24 3JD on 20 November 2017.

Our team, for the inspection comprised of two HIW inspectors.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found evidence that the service was not fully compliant with all regulations and the National Minimum Standards for Independent Health Care Services in Wales.

This is what we found the service did well:

- Patients were provided with detailed information prior to treatment and post treatment advice
- The service is committed to providing a positive experience for patients
- The service is clean, tidy and well maintained
- We saw evidence that patients were satisfied with their treatment and the service provided.

This is what we recommend the service could improve:

- Updates to the patients' guide and statement of purpose are required
- Updates to some policies and procedures
- Ensure all staff are signed up to the local rules
- Some arrangements for staff training documentation and certification.

3. What we found

Background of the service

City Skin Doctor is registered as an independent hospital because it provides Class 3B/4 laser treatments at 225 City Road, Cardiff, CF24 3JD.

The service was first registered on 2 June 2016.

The service employs a staff team which includes the registered manager and two laser operators.

The service is registered to use a Fontana SP Dynamics laser to provide the following treatments to patients over the age of 18:

- Hair removal
- Skin rejuvenation and tightening
- Laser facelift
- Acne and scars
- Varicose and thread veins
- Lipolysis and cellulite
- Snoring
- Fungal nail infection
- IntimaLase and IncontiLase
- Skin lesion removal
- Stretch marks
- Verruca and warts

and the following treatments to patients aged 13:17

- Hair removal
- Acne and scars
- Varicose and thread veins

- Non-invasive laser Lipolysis
- Fungal nail infection
- Skin lesion removal
- Stretch marks
- Verruca and warts.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that patients were very happy with the service provided, and the team were committed to providing a positive experience for patients.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner.

We found that patients were provided with detailed information pre and post treatment to help make an informed decision about their care.

The patients' guide and statement of purpose required updating to ensure they were compliant with the regulations.

A process for recording the outcome of a patient's skin type needed to be implemented.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 17 were completed. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"Excellent service, very professional staff, happy with my treatment"

"Really good service, very clean and tidy, always feel comfortable when I am here. Always aftercare advice is given after every treatment I have"

"The doctor and other staff members are really helpful and professional and really put you at ease. I feel very comfortable here"

"Very polite and friendly, professional staff"

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and were also asked to confirm and sign at each subsequent appointment whether there had been any changes, to support the service to provide treatment in a safe way.

Dignity and respect

Without exception all patients who completed a questionnaire told us that they strongly agreed that staff were always polite, kind and sensitive when carrying out care and treatment. We were told that changing facilities were available for patients, and dignity towels were also available if required, in order to maintain patients' dignity.

Consultations with patients were carried out in a private room, to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a face to face consultation prior to treatment with the registered manager. This discussion included the risks, benefits and likely outcome of the treatment offered. We were told that all patients were given a patch test prior to treatment and were given after care advice following treatment, and we saw examples of written information provided to patients. Every patient that completed a questionnaire also strongly agreed that they had been given enough information about their treatment by staff.

We saw that consent to treatment was obtained from patients prior to every appointment. This was documented within a form that further provided information about the risk and benefits of treatment.

Communicating effectively

A patients' guide was available providing information about the service. We found that the patients' guide was in need of updating to ensure compliance with the regulations. Updates were needed to include the payment methods available to patients and a summary of patient feedback.

A statement of purpose was available, but we found this also needed to be reviewed and updated in line with the regulations. The registered manager must ensure it captures the following information; name and contact details for the registered manager, qualifications and experience of both the registered manager and all staff, and the organisational structure of the service.

Improvement needed

The statement of purpose and patients' guide must be updated in accordance with the regulations and copies provided to HIW.

Care planning and provision

We were told that all patients received a consultation appointment prior to treatment being started, and we found evidence of this within a sample of patient records we considered. The consultation included a skin type assessment; however the outcome of this assessment was not recorded. The registered manager must record the outcome of an assessment of a patient's skin type. We saw examples of information and aftercare documents (which included the risks and benefits of treatment) and we discussed the guidance shared verbally with patients at the consultation stage, which also included discussion of the risks and benefits.

We found that there were individual patient notes available which included relevant details and also an overall treatment register maintained containing the information required.

Improvement needed

The registered manager must implement a process to ensure that any assessment of a patient's skin is documented.

Equality, diversity and human rights

The treatment room for the use of the laser machine was not accessible to patients using wheelchairs or those with mobility difficulties as it was only accessible via stairs. The registered manager told us that patients would be informed of this on the phone when discussing making an initial appointment to inform patients prior to making an appointment.

Citizen engagement and feedback

Patients were able to provide feedback on the services received via social media and through a comments book in the reception area. The registered manager told us that he would consider comments received and respond accordingly. As mentioned earlier within the report, the service must ensure that a summary of this feedback is included within the patients' guide in accordance with the regulations.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found that patients were provided with safe and effective care.

We found that arrangements were in place to protect patients, staff and those visiting the premises.

Some arrangements for fire safety required consolidating.

We did find that improvements were required to some policies and procedures.

Staff must sign the local rules to ensure that they have read and understood them, and inclusion of contingency arrangements must be included.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were fit for purpose and safe to use.

Certification was provided, following the inspection, to show that the five yearly wiring check for the building was up to date.

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. A fire risk assessment was in place, last reviewed in May 2016.

The registered manager is reminded that this should be reviewed regularly in line with fire safety regulations¹, and always after any significant changes to the premises. We were told that fire training had been conducted by the registered manager, but we were unable to see certification for this. We were told that fire drills are carried out on a weekly basis, but not documented. We recommended that the registered manager record and document training provided to all staff and also document when fire drills are carried out.

We saw that the service has access to a first aid kit, and we found the contents to be within their expiry dates and fit for purpose. The registered manager told us that nobody was first aid trained within the service. We recommended that advice should be sought from the Health and Safety Executive² on the need for first aiders and the appropriate training required.

Improvement needed

The registered manager must ensure that fire risk assessments are reviewed on a regular basis.

The registered manager should ensure that fire safety training for staff and fire drills are recorded.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns made by patients over the cleanliness of the setting; all of the patients who completed a questionnaire strongly agreed that the environment was clean and tidy.

The service described in detail the infection control arrangements at the service. We saw that a cleaning schedule was maintained, however it did not capture all the detail verbally described by the registered manager. The registered manager should update the cleaning schedules to ensure all cleaning activities are fully documented.

¹ <https://www.gov.uk/workplace-fire-safety-your-responsibilities/fire-risk-assessments>

² <http://www.hse.gov.uk/firstaid/index.htm>

We found that suitable arrangements were in place for the collection of clinical waste.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients (for some treatments) from the age of 13 years; other treatments are available for patients aged 18 years and over only.

We saw that the service had both child and adult safeguarding policies in place. Both policies required to be updated to include the contact details for the relevant safeguarding teams at the local council, and also to include more detail about the service's own safeguarding process. The registered manager agreed to do this. We were unable to see certificates to show that the registered manager and laser operators had completed training in safeguarding. The registered manager told us that he had completed training, but the certificates were not available. We were also told that the registered manager had carried out safeguarding training for the laser operators but it had not been documented. A recommendation regarding training requirements and documentation is made under the Management and Leadership section of the report.

We were told that treatments provided to patients under the age of 18 would only be given when consent was obtained from both the patient and parent/guardian. The service would also require the parent or guardian to be present during treatment.

Improvement needed

The registered manager should update the safeguarding policies to include the contact details for the local council safeguarding teams and ensure the safeguarding process is service specific.

Medical devices, equipment and diagnostic systems

We saw certificates to show that the registered manager had received training on the use of the laser machine. We were told by the registered manager that he had conducted training for the laser operators regarding the use of the

machine. We were unable to see documentation regarding the detail of the training provided. A recommendation regarding training requirements and documentation is made under the Management and Leadership section of the report. We saw certificates to show that all staff had completed the Core of Knowledge³ training within the last three years.

We saw that there was a contract in place with a Laser Protection Adviser⁴ (LPA) and there were local rules detailing the safe operation of the machines. These rules had been recently reviewed by the LPA; however they had not been signed by staff. We reminded the registered manager that all staff using the laser machine must sign the local rules to confirm they have read and understood them. The local rules did not include details about contingency plans and what to do if any incident or injury occurred. The registered manager must ensure the local rules are reviewed and updated to include this information.

We saw certificates to show that the laser machine had been serviced within the last 12 months, and we also saw evidence of daily checks carried out on the machine to help ensure it was safe to use.

We saw that there were treatment protocols in place for the use laser machine that had been provided by the manufacturer.

Improvement needed

The registered manager must ensure that all laser operators have read and signed the local rules to show they understand them.

The local rules must be reviewed and updated to include contingency plans about what to do in the event of an incident or injury.

Safe and clinically effective care

³ Training in the basics of the safe use of lasers and IPL systems

⁴ The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures.

We were told the treatment room is locked during treatment and we saw warning signs on the outside of the door to indicate that a laser machine is in use. We were told that the keys were removed from the machine in between use and stored securely, which would help to prevent the unintentional use of the machine, so promoting patient and staff safety.

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

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had recently visited the premises and had completed an updated risk assessment.

Participating in quality improvement activities

We found that the service was conducting a limited range of quality improvement activities, which included reviewing patient feedback and recently reviewing the patient medical questionnaire. We recommended that the registered manager should introduce a wider programme of quality improvement activities, and to keep a record of these to demonstrate the work being undertaken.

Improvement needed

The registered manager should introduce a wider programme of quality improvement activities and develop action plans as a result of any improvements identified.

Records management

We observed that there was good provision for safeguarding patients' notes and data, which were being kept securely within a locked cabinet to prevent unauthorised access.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found City Skin Doctor to be a small, effective team with an effective management structure in place.

Appropriate recruitment practices were in place.

We recommended that arrangements for training documentation should be improved and staff appraisals should be implemented.

Governance and accountability framework

City Skin Doctor is owned and managed by the registered manager. The registered manager is supported by two laser operators.

We saw the service had a number of policies in place, some of which were in need of updating. We were told that staff would be informed in team meetings of any changes to policies or procedures to ensure they were informed about the most up to date working practices. We recommended that policies should include a version number and review date, so staff have access to the most up to date policy.

We were told that team meetings were held regularly, on an informal basis. We recommended that the registered manager may wish to formally document the minutes for those who may not be present, and/or for future reference. The registered manager agreed to do this.

We saw that the service had an up to date liability insurance certificate in place.

Dealing with concerns and managing incidents

We found that the service had a complaints procedure in place, which was in need of updating to include more detail. We recommended that the registered manager should update the procedure to include timescales for acknowledging and responding to a complaint, and include the name of the individual whom

patients could contact in the event of them wanting to raise a complaint. The registered manager agreed to do this. We saw that the service maintained records of complaints electronically, with a brief outline of a complaint maintained in paper format. We recommended that the registered manager review this process to ensure that both electronic and paper records are consistent so staff have full access to all relevant information. The registered manager agreed to do this.

Improvement needed

The registered manager must update the complaints procedure.

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw that certificates were available for some training topics for staff, included the Core of Knowledge. Whilst we were able to see a training log for staff, we were unable to see certificates for some training completed as they were either located elsewhere, had not been provided by training providers or the registered manager had not maintained a record of in-house training provided. In order to demonstrate that both the staff and registered manager had completed relevant training, we recommended that training certificates should be obtained and retained by the service and ensure that any in-house training is thoroughly documented to evidence the areas covered. The registered manager agreed to do this.

The registered manager told us that appraisals for staff are not currently undertaken. We recommended that this process should be implemented.

Improvement needed

The registered manager should obtain and retain relevant training certificates for staff and ensure any in-house training is thorough documented to demonstrate the training provided.

The registered manager should introduce an appraisal process for staff.

Workforce recruitment and employment practices

We saw that the service had a detailed induction programme in place for new staff, to help support them into a new role. We also found the service had a suitable recruitment process in place with appropriate pre-employment checks.

We found that the registered manager and laser operators had an up to date Disclosure and Barring Service (DBS) check in place.

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.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Improvement plan

Service: City Skin Doctor

Date of inspection: 20 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The statement of purpose and patient guide must be updated in accordance with the regulations and copies forwarded to HIW.	18. Communicatin g effectively	All the patient guide and SOP will be reviewed and updated with details of timescale on dealing with complaints and wider information about the services provided.	Dr. Ebrahim Feghenaby	31/01/2018
The registered manager must implement a process to ensure that any assessment of a patient's skin is documented.	8. Care planning and provision	We re-designed our Consent and treatment forms with clearly indicating the skin Fitzpatrick classification.	Dr. Ebrahim Feghenaby	Done on 01/12/17
Delivery of safe and effective care				
The registered manager must ensure that fire	22. Managing	Fire risk assessment to be reviewed and	Dr. Ebrahim	01/01/18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
risk assessments are reviewed on a regular basis.	risk and health and safety 12. Environment	updated annually on a regular basis.	Feghenaby	
The registered manager should ensure that fire safety training for staff and fire drills are recorded.	4. Emergency Planning Arrangements	All staff had refresher training on fire safety and evacuation procedure.	Dr. Ebrahim Feghenaby	Done 15/12/17
The registered manager should update the safeguarding policies to include the contact details for the local council safeguarding teams and ensure the safeguarding process is service specific.	11. Safeguarding children and safeguarding vulnerable adults	All staff have to complete their online training course on safeguarding children and adults. The guidelines updated to include the contact details for Cardiff: 029 2233 0888 working hours and outside working hours as: 029 2078 8570. The whole policy also amended to address the service specificity.	Dr. Ebrahim Feghenaby	Done 15/12/17
The registered manager must ensure that all laser operators have read and signed the local rules to show they understand them.	16. Medical devices, equipment and diagnostic systems	Local rules signed and reviewed by all staff again. They are all aware of operational manuals and how to report possible laser-related injuries.	Dr. Ebrahim Feghenaby	Done 01/12/17
The local rules must be reviewed and updated to include contingency plans about what to do in the event of an incident or injury.		This is included in the local rules we have currently in place and all staff are aware of the process.	Dr. Ebrahim Feghenaby	Done 01/12/17

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager should introduce a wider programme of quality improvement activities and develop action plans as a result of any improvements identified.	6. Participating in quality improvement activities	We will be doing regular audits to identify the service weak point and will plan further action to improve the quality of service provided according to local and national guidelines.	Dr. Ebrahim Feghenaby	Done 01/12/17
Quality of management and leadership				
The registered manager should update the complaints procedure.	23 Dealing with concerns and managing incidents	The procedure now includes guide to how to make a complaint and also timescale and deadlines of dealing with the complaint(initial response within two weeks) for better clarification.	Dr. Ebrahim Feghenaby	Done 01/12/17
The registered manager should obtain and retain relevant training certificates for staff and ensure any in-house training is thorough documented to demonstrate the training provided.	25. Workforce planning, training and organisational development	We have asked the relevant bodies to forward the certificates for already provided trainings and will continue to do so in future.	Dr. Ebrahim Feghenaby	Done 01/12/17
The registered manager should introduce an appraisal process for staff.		All staff now have a training and appraisal file which will be reviewed on regular basis. I will make sure they all have regular trainings and appraisals to identify their educational needs and try	Dr. Ebrahim Feghenaby	Done 01/12/17

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		to direct them in a proper channel aiming for quality improvement.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ebrahim Feghenaby

Job role: Director

Date: 22/12/2017