



Independent Healthcare Inspection (Announced)

DestinationSkin, Queen Street,
Cardiff

Inspection date: 29 July 2019

Publication date: 30 October 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

| | | |
|----|---|----|
| 1. | What we did | 5 |
| 2. | Summary of our inspection | 6 |
| 3. | What we found | 7 |
| | Quality of patient experience | 8 |
| | Delivery of safe and effective care | 11 |
| | Quality of management and leadership | 15 |
| 4. | What next? | 17 |
| 5. | How we inspect independent services | 18 |
| | Appendix A – Summary of concerns resolved during the inspection | 19 |
| | Appendix B – Improvement plan | 20 |

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 DestinationSkin, Queen Street, Cardiff on the 29 July 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom was the inspection lead.

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 DestinationSkin was committed to providing an effective service and a positive patient experience.

The environment was modern, clean and spacious. We also found good management that was underpinned by robust policies and governance arrangements to help support the delivery of safe and effective care.

We have made one recommendation for an improvement to be made in order for the service to be fully compliant with the relevant regulations and standards.

This is what we found the service did well:

- The environment was modern, clean and spacious
- Patient notes and records were maintained to a high standard
- Processes were in place to respect patient privacy and dignity
- Patients were provided with enough information to help them make an informed decision about their treatment
- Laser/ IPL machine training, servicing and maintenance was in place and up-to-date
- Evidence of good management and leadership was demonstrated between the registered manager and head office management team (registered provider) who were present on the day of the inspection.

This is what we recommend the service could improve:

- Produce a broader Risk Management Policy to complement existing risk assessments
- Ensure that all staff have updated safeguarding training at an appropriate level.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

DestinationSkin is registered as an independent hospital to provide Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at 111, Queen Street, Cardiff, CF10 2BH.

The service was registered with HIW at their previous address in House of Fraser, Cardiff, but was re-registered on 30 April 2019 to provide services at its newly registered location on Queen Street, Cardiff.

The service employs a staff team of seven which includes the registered manager and six authorised laser/IPL users².

The service is registered to provide range of services to those over the age of 18, which include:

- Hair reduction
- Pigmentation
- Vein removal / reduction
- Skin rejuvenation
- Acne treatment

¹ 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

² Staff who perform treatments or operate the laser machine are referred to as an authorised user.

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 the service was committed to providing a positive experience for patients.

The service provided a visibly clean, spacious and modern environment for patients. The service also had appropriate processes in place to respect patient privacy and dignity.

Patients were also provided with detailed information in a variety of formats to help them make an informed decision about their treatment.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of five questionnaires were completed.

Overall, whilst the patient feedback that we received was limited, all feedback was very positive, and patients rated the care and treatment that they were provided with as excellent.

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history prior to their initial treatment, and that this was checked for changes at each subsequent appointment. We also saw that medical histories were signed by the patient and countersigned by the operator providing the treatment. This helps to ensure that appropriate treatments are provided in a safe way.

All patients who completed a questionnaire confirmed that they had their medical histories taken prior to treatment.

Dignity and respect

To ensure patient privacy, we were told that patient consultations are always carried out in treatment rooms.

To ensure patient dignity pre and post treatment, we were told that patients are provided with a towel to change, in private if necessary, and that rooms are locked throughout each course of treatment. We saw that all treatment rooms were fitted with keypad locks and 'knock and wait' signs displayed to further protect patient dignity.

The registered manager told us that a patient could attend with a chaperone for part or all of the treatment. If the patient preferred for the chaperone to remain in the room throughout the treatment, the manager confirmed to us that additional safety goggles would be made available.

All patients who completed a questionnaire agreed that they had been treated with respect by staff.

Patient information and consent

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the available treatment options, costs, risks and benefits.

We saw evidence that patients were provided with sufficient information in order to make an informed decision about their treatment. This is because the service provides information in a variety of formats. This includes a Patients' Guide which is available for patients to take away and read in their own time. This is supplemented by a detailed web page which outlines the treatments offered.

Additionally, prior to treatment, all patients are provided with a face-to-face consultation. This includes a discussion around the risks, benefits and likely outcome of the desired treatment. Written consent is also obtained prior to initial treatment and at any subsequent appointments. We were told that following treatment all patients receive verbal aftercare advice and an aftercare pack to take away with them.

Communicating effectively

A Patients' Guide was available for patients to take away and read in their own time before committing to any course of treatment. The guide, which included the Statement of Purpose, contained all of the necessary information regarding the services available.

The service also has a comprehensive website which outlines the services available and a range of supporting information.

All patients that completed a questionnaire agreed that they felt listened to by staff and that they were able to speak in their preferred language.

Care planning and provision

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation patient histories are collected to ensure suitability of the chosen treatment. We also saw a number of posters on display in the staff area, such as a poster to remind staff of when treatment should and should not be administered to sun-exposed skin. This helps to support staff in providing appropriate advice and treatment.

We reviewed a sample of patient notes and found evidence of excellent record keeping. Hard copy notes were kept consistently in detailed individual patient files and electronic files were stored on an appropriate treatment register.

All patients who completed a questionnaire told us that they had received a patch test prior to treatment. The registered manager confirmed to us that patch testing was required for all patients as a condition of their treatment.

Equality, diversity and human rights

The service is located on the ground floor with disabled access into the reception, waiting area and treatment rooms. A ground floor toilet is also provided for patient use.

Citizen engagement and feedback

We found evidence that the service actively seeks feedback from patients. The registered manager told us that clinic wide questionnaires are conducted every six months and we saw that the up-to-date results of this feedback was analysed and displayed in the Patients' Guide.

We were also told that patients are able to provide their feedback through other means, including verbally and through a comments form. We observed that this method of feedback is logged on both the patient file and corporate IT system which is accessible to the registered provider. This helps to further ensure that feedback is reflected and acted upon appropriately.

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 patient notes were completed to a high standard.

We found that all laser/IPL machine training, servicing and maintenance was up-to-date to ensure safe usage of the machines.

We recommend that a broader risk management policy is produced to complement existing risk assessments. We also recommend that all staff receive an appropriate level of refresher safeguarding training.

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted to help ensure that electrical appliances were safe to use. We also saw evidence that there had been a building electrical wiring check conducted within the last five years.

In support of fire safety, the service has two staff members who have undertaken formal fire marshal training. Fire extinguishers had up-to-date servicing labels and fire exits were clearly signposted. The registered manager confirmed that fire drills are undertaken by the building owners every 6 months.

We also saw evidence that a comprehensive fire risk assessment had been completed. We noted that the service had an environmental risk assessment in place.

There was a number of first aid kits available, including a burns kit. There were two members who are first aid trained and we saw evidence to confirm this.

Infection prevention and control (IPC) and decontamination

We saw that the service was visibly very clean, spacious and modern. The service had a comprehensive infection prevention and control policy in place which was available for us to view. The registered manager confirmed that daily checks are undertaken by individual operators with oversight from the registered manager.

We saw appropriate hand washing facilities and guidance in each treatment room, as well as in the toilet facilities. We also saw appropriate clinical waste bins in the treatment rooms and evidence that there was a contract in place for both general and clinical waste.

All patients who completed a questionnaire agreed that, in their view, the service was very clean.

Safeguarding children and safeguarding vulnerable adults

The service is registered to provide treatment to adults over the age of 18 only. We saw evidence of a policy which explicitly excludes treatment or services to those under the age of 18. The registered manager confirmed that this is complied with.

We also saw evidence of an In Clinic Childcare policy which excludes under 18's from being placed under the care of staff or being present in the treatment rooms.

An adult safeguarding policy was in place with clear procedures to follow in the event of a safeguarding concern. This included local authority points of contact, individual staff roles, responsibilities and guidance on signs of abuse.

The registered manager told us that new staff had received safeguarding training as part of their general induction process. However we recommend that all staff undertake separate refresher training to ensure that they are up-to-date with safeguarding issues and to ensure that staff are confident to broach safeguarding issues should the need arise.

Improvement needed

The service must ensure that all staff undertake an appropriate level of safeguarding training and provide evidence of this to HIW.

Medical devices, equipment and diagnostic systems

We saw evidence that the three laser/IPL machines had an annual service and calibration certificates which were up-to-date. Additionally, we saw appropriate treatment protocols which had been overseen by an expert medical practitioner.

We also saw that there was a contract in place with a Laser Protection Advisor (LPA) and local rules³ detailing the safe operation of the machines. The local rules had been reviewed within the last 12 months by the LPA and signed by all operators. We also saw evidence that the LPA had visited the service within the last 12 months.

Safe and clinically effective care

We saw evidence that all operators had completed Core of Knowledge⁴ training and manufacturer training in the use of the laser/IPL machines.

We saw that eye protection was available for patients, operators and chaperones (if required). The eye protection was in visibly good condition and the service confirmed that the eyewear is checked for damage. We also saw eye shields in use which provides added eye protection for patients receiving laser treatments to the facial area.

All treatment rooms were fitted with keypad locks and 'knock and wait' signs to prevent unauthorised access whilst the machines are in use. We confirmed that keys for the laser/IPL machines are kept securely in a staff area when not in use.

Participating in quality improvement activities

We found sufficient evidence that the service regularly assesses and monitors the quality of its services. The registered manager undertakes treatment audits every three months and patient record audits on a weekly basis. This helps to ensure the suitability of treatments and consistency of patient information.

We also saw evidence that the service regularly seeks the views of patients as a means of improving the service, as feedback is sought from patients after each treatment and clinic wide feedback is sought every 6 months.

³ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LED's. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁴ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Records management

We reviewed a sample of patient records and found evidence of excellent record keeping. The records were completed in a comprehensive, consistent and clear manner, which promotes safe and effective care in the planning and recording of patient treatment.

We found that hard copy files were kept securely at the service.

We also found an up-to-date electronic patient treatment register was maintained. This enables the service to generate reports for monitoring and reporting purposes.

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.

Overall we found evidence of good management and leadership between registered manager and head office management team ('registered provider') who were present on the day of the inspection. This was underpinned by robust policies, governance arrangements and a clear management structure.

Governance and accountability framework

DestinationSkin Cardiff is part of the DestinationSkin group of aesthetic clinics. The service is run on a day-to-day basis by the registered manager.

The service had a comprehensive range of policies and procedures in place. We reviewed a sample of these and found that these were reviewed on a regular basis, with appropriate version control and review dates. All policies and procedures had been signed by staff to confirm awareness and understanding.

The registered manager demonstrated a sound knowledge of the governance arrangements and was committed to providing a good service. The registered manager confirmed to us that they held regular staff meetings, including daily briefings, monthly meetings and one-to-ones meetings with staff members. This helps to ensure clear lines of accountability and to ensure that all staff are clear of their roles and responsibilities.

We also saw a current HIW certificate of registration and public liability insurance certificate on display in the public reception area.

Dealing with concerns and managing incidents

We found that the service had an appropriate complaints policy and procedure in place, and that this included the contact details for HIW.

We also saw evidence that the service had an appropriate mechanism in place to log both formal (written and verbal) and informal complaints. This type of

feedback was logged on both the patient file and registered provider's IT system, which helps to ensure that feedback is reflected and acted upon appropriately.

Workforce planning, training and organisational development

We saw evidence that all operators had completed Core of Knowledge training and manufacturer training in the use of the laser/IPL machines.

The registered manager told us that all new staff attend induction training which is run by the registered provider. We were told that this training then forms part of each staff members Practitioner Development Plan, which is then overseen by the registered manager.

The registered manager told us that staff are provided with regular one-to-one meetings which allows for training needs to be identified and discussed throughout the year. All staff are provided with a formal appraisal on an annual basis which allows the registered manager to monitor and assess the quality of the service provided by the authorised laser operators.

Workforce recruitment and employment practices

The registered manager told us that the employment process is generally led by the HR team located at the group's head office. An appropriate process for recruitment and induction was described to us, which included written references, ID checks, and a probation period. This helps to ensure that suitable persons with an appropriate mix of skills and knowledge are employed by the service.

We found evidence that staff had Disclosure and Barring Service (DBS) checks in place to help protect and safeguard patients. However due to a new provider having taken over the service in recent months, the service was awaiting new certificates from the Disclosure and Barring Service. On the day of the inspection we saw evidence to assure us that these had been ordered for all staff. At the time of publishing this report, HIW had been provided with copies of the latest DBS certificates.

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, measurable, 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: DestinationSkin (Cardiff)

Date of inspection: 29 July 2019

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 |
|---|--|--|---|-----------|
| Delivery of safe and effective care | | | | |
| The service must ensure that all staff undertake an appropriate level of safeguarding training and provide evidence of this to HIW. | 11. Safeguarding children and safeguarding vulnerable adults | All staff will be completing the Mandatory Level 2 Safeguarding training online & a Level 4 Safeguarding course has also been organised for the Clinic Manager to attend in October. The certificates will be provided to HIW once completed | HR Advisor/ Registered Clinic Manager/ Responsible individual | 2 months |

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): Catrin Jones

Job role: Registered Clinic Manager

Date: 09.09.19