

Independent Healthcare Inspection (Announced)

Specialist Skin Clinic

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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 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 Specialist Skin Clinic on the 16 October 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

We found that Specialist Skin Clinic was providing an effective service to patients in an environment that was conducive to providing IPL/laser treatments.

Patient feedback was very positive with all patients rating the care and treatment that they were provided with as excellent.

Clinical staff had undertaken the training required to help deliver safe treatment to patients.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments.

This is what we found the service did well:

- The environment was clean and well maintained
- Patients were provided with detailed information to help them make an informed decision about their treatment
- Patient notes and records were being maintained to a high standard
- The clinic was committed to improving services and actively sought feedback from patients about their experiences
- Documentation was available to show that the IPL/laser machines had been serviced and maintained in line with manufacturer's guidelines.

This is what we recommend the service could improve:

- All staff to undertake appropriate safeguarding training
- New EpiPens were needed to replace the expired EpiPens we found at the clinic.

We identified regulatory breaches during this inspection that needed to be addressed immediately – further details can be found in Appendix A.

3. What we found

Background of the service

Specialist Skin Clinic is registered to provide an independent hospital at 10 Penlline Road, Whitchurch, Cardiff, CF14 2AD.

The service employs a staff team of eight, which includes four Intense Pulsed Light (IPL)/laser operators.

The service was first registered on 03 February 2014 and provides a range of services which include:

- Skin rejuvenation
- Tattoo removal
- Hair removal
- Facial and leg veins
- Scarring (acne scarring, keloid scarring)
- Pigmented lesions
- Vascular lesions.

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 by the clinic and the registered manager was committed to providing a positive experience for patients.

Patients received detailed information pre and post treatment to help them make an informed decision about their treatment.

Patients could provide feedback about their experiences of the care and treatment received at the clinic.

Prior to the inspection, we invited the clinic to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 questionnaires were completed.

Overall, patient feedback was very positive; all of the patients who completed a HIW questionnaire rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"Extremely happy with environment, staff and overall experience. Very professional friendly staff"

"Excellent clinic very clean, friendly and professional"

"Excellent service, polite staff always happy with the service"

Health promotion, protection and improvement

We saw that a medical history form was available that patients must complete prior to receiving any initial treatment. Any changes in medical history are checked with patients at subsequent appointments verbally by the IPL/laser operator.

We saw evidence of completed and signed medical history forms and saw that verbal medical history checks had been recorded within patient records to confirm this approach. Most patients who completed a HIW questionnaire also

confirmed that they completed a medical history form, or have their medical history checked, before undertaking any treatment.

We recognised this approach as good practice to help ensure any treatment provided to patients is safe and meets their individual needs.

Dignity and respect

Every patient who completed a HIW questionnaire agreed that they had been treated with dignity and respect by the staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

The registered manager told us that patients are able to change in any of the lockable treatment rooms and are provided with towels in order to help maintain their dignity. Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

The registered manager confirmed that patients are able to have a family member, friend or a formal chaperone present for support during consultations and treatment sessions.

Patient information and consent

The registered manager described how they would assess the capacity of patients to consent to treatment and we were assured that patients were able to make their own informed decision to consent to treatment. Patients are provided with a face-to-face consultation prior to receiving treatment and are given a copy of the patients' guide to read and take away. Each patient that completed a HIW questionnaire agreed that they had received enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

The majority of patients who completed a HIW questionnaire told us that they had to sign a consent form before receiving any new treatment. We saw evidence of consent forms within patient records that had been signed by the patient and countersigned by the IPL/laser operator to confirm this approach.

Specialist Skin Clinic are registered to provide some treatments to children over the age of 12 years old. We were told that parental consent is required before any treatment can be provided to patients aged under 16 years old.

Communicating effectively

Every patient who completed a HIW questionnaire said that they were always able to speak to staff in their preferred language. Patients also told us that staff listened to them during their appointment and felt that they had been involved as much as they wanted to be in decisions about their treatment.

We saw that copies of the clinic's patients' guide and statement of purpose¹ were contained within a patient information folder that was available for patients in the waiting area. We found both documents contained all the relevant information required by the regulations.

Care planning and provision

The registered manager described suitable pre-treatment checks that are performed on patients to help determine a safe and effective setting of the IPL/laser for their skin and hair type. Where applicable, the majority of patients who completed a HIW questionnaire confirmed that a patch test had been carried out on a small area of their skin before they received treatment.

Patients also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

We examined a sample of patient records and found evidence that patient notes were being maintained to a high standard meaning care was being planned and delivered with patients' safety, wellbeing and individual needs in mind.

Equality, diversity and human rights

Off street private parking was available for patients behind the clinic. The clinic was located over three floors, however the reception, waiting area and some treatment rooms were based on the ground floor and therefore accessible for people with mobility difficulties. We also noted that wheelchair accessible toilets were available on the ground floor.

¹ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback as a way of monitoring the quality of service provided. Patients are provided with a questionnaire at the end of each course of treatment, and patients can also complete an online review about their experience at the clinic. Feedback can be provided anonymously which we noted as good practice.

We were told that patient feedback is reviewed straight away and summarised quarterly to identify any themes. Learning points are discussed with all staff during clinical governance meetings.

The majority of patients that completed a HIW questionnaire said that they were aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires.

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 evidence that patients received focussed individualised care that had been documented in accurate and comprehensive patient records.

Clinical facilities were in good condition and the IPL/laser machines had been regularly serviced to help ensure patients were being treated as safely as possible.

Staff need to undertake training in the safeguarding of children and vulnerable adults to ensure they have the relevant knowledge and awareness to recognise and act on any safeguarding concerns.

The clinic must ensure healthcare waste is being stored securely outside the clinic at all times to prevent unauthorised access from patients, staff or members of the public.

Managing risk and health and safety

Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of staff and people visiting the premises.

We saw certification that confirmed an electrical wiring and a gas safety checks had recently been undertaken. Portable Appliance Testing (PAT) had also been carried out to help ensure small electrical appliances were fit for purpose and safe to use.

Regular fire risk assessments of the premises had been undertaken by a professional fire safety expert to provide ongoing assurance that arrangements were in place at the clinic to provide adequate protection in the event of a fire. Fire extinguishers throughout the clinic had been serviced within the last twelve months to ensure they worked properly and fire exits were appropriately signposted. We saw evidence that documented fire alarms tests had been undertaken weekly as required by the Regulatory Reform (Fire Safety) Order 2005.

We saw that a wide range of basic first aid materials were available throughout the clinic that were within their expiry date and therefore fit for purpose. We also saw evidence that staff had received first aid training and emergency cardiopulmonary resuscitation (CPR) training to assist in the event of an injury or medical emergency.

The clinic had four EpiPens² to help treat the symptoms of a severe allergic reaction. However, we found that three had expired. The clinic explained the difficulties they had experienced trying to purchase replacements due to the national shortage of EpiPens. HIW understands that EpiPens are now available and the clinic must order replacements to help protect patients in the event of an allergic reaction.

Improvement needed

The clinic must order new EpiPens to replace the EpiPens that had expired.

Infection prevention and control (IPC) and decontamination

We found the premises to be in excellent condition and the treatment rooms were clean and clutter free. There were no concerns given by patients over the cleanliness of the setting; all of the patients that completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described suitable infection control arrangements at the clinic which included maintaining good hand hygiene and the completion of a daily checklist to ensure thorough cleaning of the treatment rooms and IPL/laser equipment. We found these arrangements were consistent with those outlined in the clinic's infection control policy.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. However, during the inspection we found that clinical waste was not being stored securely outside

² EpiPen is an injection containing epinephrine, a chemical that narrows blood vessels and opens airways in the lungs. These effects can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction.

the clinic. Our concerns regarding this issue along with the remedial actions taken by the clinic are detailed in Appendix A.

Safeguarding children and safeguarding vulnerable adults

Parents or guardians of children aged under 16 years old are required to attend the initial consultation and each treatment session to help safeguard children. Any children accompanying adults at appointments are not permitted into the treatment room when treatment is taking place for their safety.

The clinic had separate safeguarding policies in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. We saw that only the contact details of local children safeguarding agencies were included and we recommend that contact details for the local adult safeguarding agencies are added to the relevant policy.

We were told that the IPL/laser operators had not routinely undertaken training in the protection of children and vulnerable adults. Some IPL/laser operators at the clinic also worked for the NHS and would have undertaken similar training as part of that role. However, we recommend that all staff at the clinic receive appropriate training in the protection of children and vulnerable adults. This would provide assurance to the registered manager and patients that staff have the relevant knowledge and awareness to recognise and act on any safeguarding concerns.

Improvement needed

The contact details of relevant local adult safeguarding agencies need to be added to the protection of vulnerable adults policy.

All staff must undertake appropriate training in the protection of children and vulnerable adults and evidence of completed training must be submitted to HIW.

Medical devices, equipment and diagnostic systems

During the inspection we found that arrangements were in place at the clinic to protect the safety of patients when receiving treatment. The IPL/laser machines had been regularly serviced and calibrated to help ensure they perform consistently and as expected. The registered manager had created a treatment protocol that set out the procedures for IPL/laser operators to follow to ensure treatment is delivered safely to patients. We found that this was appropriate and

complied with the regulations due to the registered manager's registration with the General Medical Council.

The registered manager told us that an agreement was in place with a Laser Protection Adviser (LPA) to provide the clinic with continuous and timely support on the safety of the IPL/laser machines and day to day operational use. However, the registered manager informed us that the LPA had recently written to say that they could no longer honour the contract. We advised the clinic to begin making arrangements to find a new LPA and we received confirmation by the end of the inspection that the clinic had an agreement in place for a new LPA to provide the same level of cover.

Comprehensive local rules³ were in place that had been reviewed annually by the LPA. We noted that they had been signed by each IPL/laser operator, indicating their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw evidence that each IPL/laser operator met Medicines and Healthcare products Regulatory Agency (MHRA) requirements⁴ to be a competent user of the IPL/laser machines having completed Core of Knowledge⁵ training and training by the IPL/laser machine manufacturers on how to operate them safely.

Protective eyewear was available for patients, chaperones and the IPL/laser operators. We saw that the glasses and goggles had been kept in good condition and the registered manager confirmed that they were checked regularly for any damage. The glasses and goggles were colour coded to help ensure the correct eyewear was used with the relevant IPL/laser machine which we noted as good practice.

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 LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf.

⁴ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

⁵ Training in the basics of the safe use of IPL/laser machines.

No patients received treatment on the day of the inspection, but the registered manager described the safety precautions taken when treatment is in progress; a warning sign on the outside of each treatment room door indicates that the IPL/laser machine is in use and the room is locked to prevent any unauthorised persons from entering during treatments. We were told that the keys to each IPL/laser machine are locked away after every appointment to ensure they are kept secure when not in use.

We saw evidence that the LPA had visited the clinic in April 2019 to complete an environmental risk assessment to identify and mitigate for any hazards associated with the use of the IPL/laser machines and the environment of each treatment room.

Participating in quality improvement activities

We found evidence that the clinic had systems in place to regularly assess and monitor the quality of service provided. For example, we noted earlier in the report that the clinic provided the opportunity for patients to provide feedback through questionnaires and online reviews. Monthly clinical governance meetings are held with all staff to discuss any incidents, complaints or issues of patient safety.

The registered manager told us that they oversee every treatment plan to ensure they are appropriate and suitable for the patient before treatment can begin.

We also saw certificates of various relevant training courses undertaken by the IPL/laser operators to develop their skills and knowledge to help provide improved patient care.

Records management

We were provided with evidence of excellent record keeping processes which supported the clinic to deliver quality patient care. The clinic maintained comprehensive electronic patient records that were kept in accordance with professional standards and guidance.

We were told that weekly copies of the electronic patient records are made and stored within a remote database (cloud storage) so that the original data can be restored should something happen to the clinic or system and staff could no longer access them.

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.

Effective governance arrangements had been implemented by the registered manager to support staff working at the clinic.

A range of policies and procedures were in place for the safety of staff and patients which were all updated on an annual basis.

All authorised IPL/laser operators had the appropriate training and relevant knowledge to help deliver safe treatment to patients.

Governance and accountability framework

Specialist Skin Clinic is owned by the registered manager, who is also an IPL/laser operator. There are seven other members of staff of which three are also IPL/laser operators.

We found that the clinic had a number of policies in place which were updated regularly and accessible.

We saw that the clinic had an up to date liability insurance certificate in place to protect against compensation claims and associated legal costs.

Dealing with concerns and managing incidents

The clinic had an appropriate complaints procedure which included the correct contact details for HIW in line with regulatory requirements. The complaints procedure was contained within a patient information folder that was available for patients in the waiting area. A summary of the complaints procedure was also included within the statement of purpose and in the patients' guide as required by the regulations.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic.

Workforce planning, training and organisational development

We were assured that the IPL/laser operators at the clinic had the appropriate knowledge, skills and experience to provide safe and effective care to patients. As mentioned earlier within the report, they had completed the Core of Knowledge training and had also completed training on how to use the laser machines safely.

The registered manager told us that appraisals with all members of staff take place annually which allow staff to hear feedback about their performance and to identify future training opportunities.

Workforce recruitment and employment practices

We found that all clinical staff had Disclosure and Barring Service⁶ (DBS) checks in place to help comply with the regulatory requirements that staff are of suitable integrity and good character and to help protect patients against the risk of inappropriate, or unsafe, care and treatment.

The registered manager described an appropriate process for recruitment and induction of any new members of staff. This included pre-employment checks to ensure they are fit to work and a period of mentoring and supervision to ensure they had the skills and knowledge to undertake the role.

The clinic had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care.

⁶ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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
<p>During the inspection we checked the external storage bin being used by the clinic to store their healthcare waste.</p> <p>We found that the bin had a broken lock and therefore healthcare waste was not being stored appropriately or securely in line with best practice guidelines.</p>	<p>This meant that there was a serious risk that patients, staff and members of the public could gain unauthorised access to the potentially infectious healthcare waste contained within the bins.</p>	<p>The healthcare waste was brought inside the clinic and stored in a secure place while the registered manager arranged for the lock to be fixed.</p>	<p>We received assurance on the same day shortly after the inspection that a new lock had been purchased and installed on the external storage bin.</p>

Appendix B – Improvement plan

Service: Specialist Skin Clinic

Date of inspection: 16 October 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
Quality of the patient experience				
No recommendations made.				
Delivery of safe and effective care				
The clinic must order new EpiPens to replace the EpiPens that had expired.	National Minimum Standards for Independent Health Care Standard 15	The adult and child Emerade injector pens were replaced. The out of date injector pens have been removed from the clinic.	Dr Gonzalez	Ordered 23/10/19 Received 24/10/19
The contact details of relevant local adult safeguarding agencies need to	The Independent	The details of the National Safeguarding Team (NHS Wales) have been added to the	Dr Gonzalez	Completed on the

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
be added to the protection of vulnerable adults policy.	Health Care (Wales) Regulations 2011	Specialist Skin Clinic Policy for the protection of Vulnerable adults and children.		11/12/19
All staff must undertake appropriate training in the protection of children and vulnerable adults and evidence of completed training must be submitted to HIW.	Regulation 16 National Minimum Standards for Independent Health Care Standard 11	All clinical and administrative staff have been enrolled on an accredited Protection of Vulnerable Adult and Safeguarding of Children level 2 course. The course was arranged on the 6/12/19. The courses are provided by CPD online college. The date all staff complete the courses will be forwarded to HIW in due course.	Dr Gonzalez	The courses will be undertaken over the next twelve weeks.
Quality of management and leadership				
No recommendations made.				

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): Elizabeth Davies

Job role: Clinic Manager

Date: 11 December 2019