Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Skin Clinic, Cardiff
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Skin Clinic, Cardiff as part of its programme of assurance work. The service provides a range of laser hair removal, dermatology and skin rejuvenation treatments for adults in the Cardiff and surrounding area.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations and National Minimum standards. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found here.

We spoke to the Registered Manager on the 16 June who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that the environment is safe for staff, patients and visitors, and how patient dignity is maintained? What changes, if any, have been made as a result of COVID-19?
- How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?
- How are you ensuring that the infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies/procedures, including fire safety risk assessment(if applicable)
- Insurance liability certificates

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager described a range of steps the service had taken in response to the pandemic to help promote a safe environment. This included staggering appointments, limiting the number of patients able to sit in the waiting area and ensuring that face coverings are worn on the premises at all times.

These steps were supported by an environmental risk assessment which had been updated in response to the pandemic. This was comprehensive and included actions, which the registered manager confirmed had been implemented.

We found that a fire risk assessment had been completed, which identified a small number of actions. The risk assessment had not been updated to show that these actions had been completed. However, the registered manager was able to fully describe what actions had been taken. We advised the registered manager to ensure that completed risk assessment actions are appropriately documented.

We confirmed that there was a valid public liability insurance certificate in place.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits

The following positive evidence was received:

The registered manager described a number of IPC related changes that had been made in response to the pandemic. This included consideration towards social distancing, contacting patients in advance of their appointment to check for COVID-19 related symptoms, and use of appropriate PPE.

We were told that additional time had been allocated in between appointments to allow for adequate cleaning and that staff are reminded of the importance of good hand hygiene. The registered manager confirmed daily wellness checks of staff are completed, which includes COVID-19 symptom checking before each shift.

These arrangements are supported by a COVID-19 policy and a recently completed IPC risk assessment, which considered the risks to both patients and staff in all areas of the clinic. The registered manager confirmed that all risk assessments are sent to the group head office for monitoring and compliance.

We found that a recently completed IPC audit had been completed and that this had scored highly. This helps to ensure that IPC standards are being maintained throughout the service.

The registered manager described how staff are kept up-to-date with the latest IPC guidance, which included storing all policies and procedures in a readily accessible COVID-19 folder. The registered manager confirmed that staff training had been provided and that staff are asked to sign new procedures to confirm that they have read them.

The registered manager confirmed that patient details are collected for contact tracing[1] purposes.

The following areas for improvement were identified:

We were provided with an IPC policy which made reference to Scottish IPC guidelines. The

[1] Welsh Government Test, Trace, Protect programme which aims to prevent the spread of COVID-19

clinic must ensure that a localised IPC policy is created, ensuring that there is reference to the relevant Welsh public health and IPC guidelines.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Staff training records
- Safeguarding policies and procedures

The following positive evidence was received:

Skin Clinic is part of the Skin group. The registered manager confirmed that there is appropriate support available from wider group management, including the responsible individual, whenever it is requested. We were told that there is a regular flow of communication, including regular reviews and updates to clinical and non-clinical policies and procedures.

The registered manager described the checks that are completed on new staff to ensure their suitability. This included conducting interviews, obtaining references, disclosure and barring service (DBS) checks and ensuring that appropriate training is completed.

We found that a DBS check had been completed for all staff who provide laser / IPL treatments. A DBS check for one clinical member of staff was outstanding, but the registered manager provided assurance that this had been submitted.

We found that a comprehensive adult safeguarding policy was in place with clear procedures to follow in the event of a safeguarding concern. We confirmed that the service had a safeguarding lead who had received an appropriate level of training and that all laser operators had undertaken safeguarding training appropriate to their roles.

No areas for improvements were identified.

Safe and effective care

During the quality check, we considered how the service has delivered treatment safely and effectively to patients. We considered the arrangements in place to explain treatments to patients, how treatment needs are assessed and how the service manages the risks associated with the laser equipment.

The key documents we reviewed included:

- Informed consent policies / procedures
- Laser / IPL treatment protocols and local rules
- Laser Protection Advisor (LPA) contract
- Laser / IPL servicing certificates
- Staff training records

The following positive evidence was received:

The registered managed confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. Medical histories are collected as part of this consultation to ensure suitability of the chosen treatment.

We found that consent is obtained from patients prior to the treatment taking place and at any subsequent appointments. This process included a discussion around the risks, benefits and likely outcome of the desired treatment. We found that consent forms had been adapted according to the laser equipment and treatment.

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic to ensure that safe and effective care is provided. We found:

- Treatment protocols were up-to-date and the registered manager confirmed that these were signed by staff to confirm their understanding and that these were available in each clinic for staff to refer to
- Laser equipment had been recently serviced and the registered manager confirmed that any equipment concerns are escalated to a specialist team within the wider organisation for advice
- A Laser Protection Advisor (LPA) was appointed and the registered manager was aware of how they would contact them if advice on the safe use of the laser equipment was needed
- Core of Knowledge[2] training had completed by all laser operators.

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

The following areas for improvement were identified:

We found that the local rules[3] had not been reviewed within the last 12 months despite continued use of the laser equipment. This means we could not be assured that that treatments had fully taken into account the risks relating to the health, welfare and safety of patients and staff.

This resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvement needed.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

[3] The local rules are a key aspect of identifying, assessing and managing the risks associated with the operation of a Class 3B/4 laser or Intense Pulsed Light (IPL) machines

Improvement plan

Setting: Sk:n Clinic, Cardiff

Date of activity: 16 June 2021

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

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	**IMMEDIATE IMPROVEMENT:** The setting must ensure that the local rules for each of the machines listed in the non-compliance notice have been updated within the last 12 months.	Regulations 15(1), 19(1) and 19(2)a	The Local Rules have been updated and reissued to Sk;n Clinic, Cardiff on 17th June 2021 by the Laser Protection Advisor. The Local Rules were not previously updated due to restricted activity in the business due to Covid19. To ensure the Local Rules are updated in line with the Conditions of Registration the company internal audit will be updated to include active monitoring on dates. We have reminded the business	LMP	1 week

			service department of the enhanced need for annual checks in our Welsh clinics.		
2	The clinic must ensure that a localised IPC policy is created, ensuring that there is reference to the relevant Welsh public health and IPC guidelines.	Regulation 9	The IPC Policy will be updated to include reference to Welsh public health and IPC guidelines. The policy will be disseminated to all members of staff at the clinic by 30th July 2021. The IPC Policy will be available to view by clients and staff in the clinics Client Information Folder which will be located in the reception area.	LMP	30th July 2021

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.

Name: L Mason-Poyner