

Quality Check Summary

Gresford Skincare Clinic

Activity date: 16 June 2021

Publication date: 30 July 2021



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Gresford Skin and Laser Clinic as part of its programme of assurance work. Gresford Skin and Laser Clinic is located near Wrexham in North Wales. The clinic uses multifunctional pulse light systems and lasers to provide a range of vascular lesion treatments and hair, blue vein, black and red tattoo pigment removal.

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 2011 (the Regulations) and National Minimum Standards (NMS). 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 manager on 16 June 2021 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 statement of purpose
- Risk assessment policy
- Policy for fire safety
- Infection control policy
- Covid-19 risk assessment
- The patients' guide
- Policy for informed consent
- Safeguarding policy
- Medical and treatment protocols
- Local rules
- Laser maintenance certificates
- Insurance liability certificates

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

The following positive evidence was received:

The manager provided us with a series of comprehensive policies outlining the clinic's approach to risk assessments in the workplace, routine checks of the environment, equipment and items used within the clinic and fire safety.

The manager informed us that the clinic has always adopted a policy of appointments only. This has been maintained throughout the pandemic. Fifteen minute breaks have been scheduled between clients to limit the number of people present in the clinic at any one time. The manager told us that the fifteen minute break between clients provides adequate time to ensure treatment rooms and equipment are cleaned in readiness for the next client. In addition, we were informed that appropriate Personal Protective Equipment (PPE) is being used and clients are asked to wear a mask during consultations and treatments.

The manager informed us that consultations were now conducted in the waiting room. This room provides more space to enable social distancing and minimises the amount of close contact. Dignity and confidentiality are preserved as only one client is present in the clinic at any one time. We were told that facilities are available to allow clients to get changed privately prior to treatment and gowns are provided.

We were provided with an up to date copy of the certificate of Employers Liability Insurance with an expiry of September 2021.

The clinic's statement of purpose was dated October 2020 and provided key information relating to the clinic including aims and objectives, consultation procedures, details of treatments and services, training programs and the complaints procedure.

The following areas for improvement were identified:

HIW were informed that the clinic does not routinely offer bilingual information to clients and there is only one member of staff who is not Welsh speaking. Standard 18 of the National Minimum Standards (Communicating Effectively) states that information is provided in a format that takes into account the needs of service user. In addition Regulation 9 (1) (g) of the Independent Health Care (Wales) Regulations 2011 requires the registered provider to have a policy in place that outlines how they provide information to patients. This policy should set out how the service is going to approach the need to communicate and provide information in Welsh should the service user request it.

The manager provided us with a risk assessment policy. The policy identified a "Laser/IPL Routine Check List" but did not incorporate an environmental risk assessment. HIW acknowledge the clinic completes daily checks and were assured by the manager that these are documented. However, HIW recommends that the clinic implements an environmental risk assessment that identifies risks, mitigation against those risks and the action required and taken to address issues arising within the clinic environment. The risk assessment should be completed on a regular basis and documented in full. This ensures compliance with Standard 12 of the National Minimum Standards and Regulations 26 and 40 of the Independent Health Care (Wales) Regulations 2011.

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:

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

The following positive evidence was received:

The COVID-19 risk assessment dated 27 July 2020 identified a comprehensive list of hazards and the action taken to control the risk. Some of the hazards considered as part of the risk

assessment included contaminated surfaces, clients and staff presenting at the clinic with the COVID-19 virus, virus transmission and personal protective equipment (PPE).

The manager informed us the clinic has hand washing and hand sanitising facilities and signs had been put in place to advise clients on the correct way to wash their hands. The manager told us that all brochures had been removed from the clinic in order to reduce the risk of cross contamination and appropriate PPE was being used by staff and clients.

We saw certificates that confirmed the manager had attended Lynton Lasers Core of Knowledge training. A visit report from Lynton Lasers dated 15 October 2020 confirmed that the manager had regularly attended webinars throughout the pandemic.

The following areas for improvement were identified:

We were provided with a copy of the current Infection Control policy. HIW noted that incorrect legislation was being quoted in the main body of the document. In addition the policy did not reflect guidance issued by the Welsh Government and Public Health Wales (PHW) for the control and prevention of the COVID-19 virus or the COVID-19 risk assessment adopted by the clinic dated July 2020. HIW recommend that the manager reviews the policy and updates the content to reflect current guidance, legislation and operational risk assessments.

HIW recognises that the clinic has developed a comprehensive COVID-19 risk assessment outlining the action required to control risks. However despite the assessment being dated April 2021 the content appeared to reflect a risk assessment completed in July 2020. It was also noted that the document did not identify the person responsible for any action required or the date upon which it should be completed. This was discussed with the manager who agreed to review all actions noted in the assessment and update accordingly.

Governance / Staffing

As part of this standard, HIW questioned the manager of Gresford Skincare Clinic 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:

- Patients' guide
- Policy for informed consent
- Training certificates
- Treatment and medical policies
- Local rules

The following positive evidence was received:

The manager provided us with up to date intense pulse light, treatment and medical protocols issued by Lynton Lumina Systems.

The manager provided us with evidence to confirm she had attended the Core of Knowledge course for continuing professional development. Certificates were also provided that confirmed the manager had successfully completed training courses such as advanced quality standards and practitioner development workshops for the use of laser equipment through Lynton Lasers Ltd.

The following areas for improvement were identified:

A certificate for the All Wales Basic Safeguarding course identified the manager had attended and achieved 6 hours of learning in May 2018. The certificate indicates it is valid three years from the date of issue. The manager recognised the training was due for renewal.

The manager also recognised first aid training was also due for renewal.

A review of the Safeguarding policy identified that out of date legislation was being quoted. HIW recommend that the manager reviews the policy and updates the content to reflect current guidance and legislation.

The manager is currently the only member of staff working in the clinic. However, it was recognised that on occasion there may be a need to engage a locum to support the clinic in the event of absence. The manager confirmed that the clinic does not have a policy in place to provide guidance on the recruitment of staff or locums and that this would be addressed as part of the HIW improvement plan.

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 following positive evidence was received:

We reviewed the patient's guide and noted this provides a comprehensive explanation of the treatments available at the clinic, consultation and complaints procedures and the way in which the clinic protects the privacy and dignity of clients. A copy of the patients' guide

informs the client they can stop procedures at any time.

The patients' guide also provides a list of the clinical training program provided by Lynton Lasers that enables clinic staff to be confident and efficient in performing treatments.

We reviewed certificates dated February and May 2021 that confirmed both lasers in use at the clinic were subject to regular maintenance and had been appropriately tested.

We were provided with Local Rules dated October 2020 issued by Lynton Lasers Ltd. These confirmed the manager of the clinic was an official Laser Protection Supervisor. The rules also provided details of Laser Protection and Medical Advisors and the instructions for the safe use of lasers in line with legislation, standards and guidance.

We reviewed Treatment and Medical Protocols issued by Lynton Lasers Ltd dated August 2020. The documents provided expert treatment protocols and points of reference for the clinic to use when providing treatments with both lasers used at the clinic. The manager informed HIW that the clinic refers to these protocols to source information relating to medications and contra-indications. We were informed the information within the protocols is sourced from the British Medical Laser Association and is updated annually.

The Laser Protection Advisor had visited the clinic premises on the 15 October 2020. A report was issued and indicated a positive outcome.

The manager provided us with the policy for informed consent dated October 2020 and the documentation used to record a client's medical history and obtain informed consent prior to any treatment.

The clinic provides guidance to patients, following treatment, advising them what to do should they experience pain, discomfort or any other side effects. The manager informed us that this information is reviewed and updated annually. In addition we were informed that the clinic would be incorporating this guidance into the patient's guide.

The following areas for improvement were identified:

The manager confirmed that on occasions a reference book is also used to source information pertaining to medication and potential contra-indications that may restrict or prevent a treatment from being carried out. HIW recommends that up to date Medical and Treatment protocols issued by Lynton Lasers are used as the key reference document and if additional information is required the manager must contact the Laser Protection and Medical Advisors at Lynton Lasers Ltd.

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.

Improvement plan

Setting: Gresford Skin & Laser clinic

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	The manager should ensure the clinic adopts a policy that outlines how the service is going to approach the need to communicate and provide information in welsh should the service user request it.	NMS Standard 18 - Communicating Effectively and Regulation 9	<p>The clinic has implemented a Policy to explain information that has been provided for Welsh speaking clients</p> <ul style="list-style-type: none">• Consultation forms• After care sheets• Signage <p>Both English and Welsh versions are provided</p> <p>If needed a Welsh interpreter is welcome to accompany the client to their appointment. (currently adhering to the Clinic's COVID-19</p>	Clinic Manager	Now permanently in place

			guidelines)		
2	The manager should ensure the clinic implements an environmental risk assessment that identifies risks, mitigation against those risks and the action required and taken to address issues arising within the clinic environment. The risk assessment should be completed on a regular basis and documented in full. This ensures compliance with.	NMS Standard 12 - Environment and Regulations 26 and 40.	Risk assessments include Daily / Weekly Environmental checks Laser / IPL check lists include <ul style="list-style-type: none"> • Room check • Equipment check • Equipment function • Area preparation • Outdoor environment These are documented and stored in the clinic	Clinic Manager	Checked on a daily / Weekly basis by the clinic manager
3	The manager must review the infection control policy and update the content to reflect current legislation, guidance issued by the Welsh Government and Public Health Wales (PHW) for the control and prevention of the Covid-19 virus and operational infection control risk assessments.	NMS Standard 13 - IPC and Decontamination and Regulation 9	Infection control Policy has now been updated to reflect the current Legislation required under the Independent Health Care Standards act Wales 2011	Clinic Manager	To be reviewed on a yearly basis by the Clinic Manager
4	The manager should ensure the Covid-19 risk assessment is reviewed, updated and completed in full.	NMS Standard 13 - IPC and Decontamination and Regulation 9	The COVID-19 risk assessment has now been updated and fully completed this has been sent to the HIW Inspector	Clinic Manager	Risk assessment to be reviewed yearly or if any incident occurs
5	The manager should make arrangements to attend training for safeguarding and first aid.	NMS Standard 24 -Workforce, Recruitment and Employment	Contacted online Safeguarding and first aid courses - awaiting course date confirmation	Clinic Manager	To be updated every 3 years

		practices and Regulation 13			
6	The manager should review the safeguarding policy and update the content to reflect current guidance and legislation.	NMS Standard 11 - Safeguarding and Regulation 9	Safeguarding Policy has been reviewed and amended implementing the correct updated guidance and Legislation 2011	Clinic Manager	Document to be reviewed yearly by Clinic Manager
7	The manager should implement a policy to provide guidance on the recruitment of staff and locums.	NMS Standard 24 - Workforce, Recruitment and Employment practices and Regulation 20	A Policy has now been put in place explaining what locum cover would be provided if the clinic manager was unable to work due to: <ul style="list-style-type: none"> • Sickness • Annual leave • Training / CPD 	Clinic Manager	Policy to be reviewed yearly
8	HIW recommends that up to date Treatment and Medical Protocols issued by Lynton Lasers should be used as the key reference document for all contra-indications and if additional information is required the manager must contact the Laser Protection and Medical Advisors at Lynton Lasers Ltd.	Standard 7 - Safe and Clinically Effective Care and Regulation Section 15.	Lynton Lasers treatment and protocols guidance on contra – indications are the key reference used as well as a book to source information on medications	Clinic Manager	This is updated yearly by the LPA and LMA

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: Tanya Jones

Date: 08/07/2021