

Quality Check Summary

City Skin Doctor

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of City Skin Doctor, Cardiff as part of its programme of assurance work. The service provides a range of laser treatments, including hair removal, skin rejuvenation and other associated treatments. All treatments are provided to adults over the age of 18.

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 (and other relevant regulations). 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 30 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 infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- 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 do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?
- How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?

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
- Training records
- 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. These included; spacing seating within the waiting areas to maintain social distancing, implementing a closed door policy to manage the flow of patients, and installing a screen in the reception area to protect staff.

It was positive to note that there had been an emphasis on providing remote patient consultations during the pandemic. This helps to reduce patient contact and the risk associated with the transmission of COVID-19.

We saw evidence to confirm that a fire risk assessment had been completed within the last 12 months and that the fire extinguishers had been recently serviced.

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

The following areas for improvement were identified:

We found that whilst an environmental risk assessment had been completed, this contained limited detail of the resulting actions implemented by the service in response to the pandemic. The service must ensure that actions are appropriately documented in a comprehensive risk assessment.

We found that the fire safety policy contained generalised information and must be reviewed in line with the regulations. The registered manager confirmed that fire safety training is provided in-house to staff. However, we found that fire safety training had last been undertaken by the registered manager in 2015. The registered manager must undertake refresher training if the service wishes to continue to provide in-house training.

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 range of steps the service had taken in response to the pandemic to help promote good IPC practices. These included; replacing all waiting room furniture to enable effective cleaning, deep cleaning of treatment couches prior to and after treatments, and use of appropriate PPE by staff and patients at all times.

We were told that patients are asked to complete a COVID-19 screening tool electronically in advance of their appointment and that they are checked again for symptoms when they arrive on the day of their appointment. The registered manager added that patients are asked to wear appropriate PPE to their appointment and that appropriate hand hygiene facilities are provided.

We found that these steps were supported by a COVID-19 checklist for staff to refer to and we were told that the latest IPC changes are discussed at staff meetings to ensure that all staff are aware of their responsibilities.

The following areas for improvement were identified:

The IPC policy contained generalised information and made reference to a third party organisation. The service must ensure that the policy has been reviewed in response to COVID-19, and contains information relevant to the service. Consideration should be given towards Welsh Government close contact services and Public Health Wales IPC guidelines.

We found that IPC level 1 training had last been undertaken by the registered manager in 2015, and that IPC training was being provided in-house to staff. The registered manager must undertake refresher training if the service wishes to continue to provide in-house training.

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:

We found that a number of checks are completed on new staff to ensure their suitability. We saw examples of training certificates and confirmation that DBS checks had been undertaken.

The registered manager told us that weekly staff meetings take place to ensure that staff are aware of the latest updates in relation to the clinic and any COVID-19 changes.

We were told that all staff had completed a COVID-19 workforce risk assessment. This helps to ensure that they are able to attend the workplace safely based on their individual circumstances.

The following areas for improvement were identified:

The registered manager confirmed that the safeguarding policy submitted to HIW was used as a basis for staff training. However, we found that the policy contained generalised information. In addition, the training undertaken by the registered manager was last completed in 2015. The registered manager must undertake refresher training if the service wishes to continue to provide in-house training.

Given the areas for improvement identified during this quality check, consideration must be given to ensuring that there are more effective and proactive governance arrangements in place at the service to monitor compliance with relevant regulations and standards.

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
- Local rules
- Laser Protection Advisor (LPA) contract
- Staff training records

The following positive evidence was received:

The registered manager 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 confirmed that a Laser Protection Advisor (LPA) was appointed and that local rules to support the safe operation of the laser equipment had been recently provided by the LPA. The registered manager confirmed that these are accessible in the clinic for laser operators to refer to when required.

We were provided with a template which contained a number of daily and weekly checks that the service undertakes to ensure the on-going suitability of the laser equipment. The registered manager confirmed that these checks are logged and retained on the premises.

The following areas for improvement were identified:

We found that treatments had been provided by the service using a Class 3B/4 laser that is not listed on their HIW conditions of registration.

Before granting registration for the use of a Class 3B/4 laser, HIW undertakes a number of checks to ensure that the device can be used appropriately and by trained and competent persons. These checks have not been undertaken for the device currently in use, therefore we could not be assured that treatments had been provided in a manner that ensures the welfare and safety of the patient.

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.

Improvement plan

Setting: City Skin Doctor

Date of activity: 30 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 service must ensure that local actions are appropriately documented in a comprehensive environmental risk assessment.	Independent Health Care (Wales) Regulations 2011 Regulation 26	Environmental risk assessment will be reviewed and updated with detailed actions to address the requirements.	E Feghenaby	Before 15ths of August 2021
2	The service must ensure that their fire policy and procedure has been reviewed in line with the requirements of the regulations. The registered manager must undertake refresher fire marshal / warden training if the service wishes to	26(4) 21(2)(b)	Fire policy and procedures will be updated soon focusing on premises and local risk assessment. I will be doing refresher course to be able to provide in-house training for my staff.	E Feghenaby	Before 15ths of August 2021

	continue to provide in-house training. All staff must then have received updated training,				
3	<p>The service must ensure that their IPC policy has been reviewed in response to COVID-19 and contains information relevant to the service. Consideration should be given towards Welsh Government close contact services and Public Health Wales IPC guidelines.</p> <p>The registered manager must undertake refresher IPC training if the service wishes to continue to provide in-house training. All staff must then have received updated training.</p>	<p>9(1)(n)</p> <p>21(2)(b)</p>	The IPC policy will be reviewed and amended accordingly. I will participate in a training course with trusted provider for updates and Covid-19 relevant considerations.	E Feghenaby	Before August the 15ths 2021
4	<p>The registered manager must ensure that their safeguarding policy and procedure has been reviewed, ensuring it contains a clear local procedure with nominated points of contacts, details of the local authority safeguarding team and reference to the All Wales Safeguarding procedures.</p> <p>The registered manager must undertake refresher safeguarding training if the service wishes to continue to provide in-house training. All staff must then have received updated training.</p>	<p>16</p> <p>21(2)(b)</p>	I will update the safeguarding policy to address those requirements and make sure my training is done soon to refresh my knowledge and provide the staff with updated training.	E Feghenaby	Before August the 15ths 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: E
Feghenaby

Date:
26/07/21