

Independent Healthcare Inspection (Announced)

Specialist Skin Clinic, Cardiff

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non-compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Specialist Skin Clinic is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)³ treatments at 10 Penlline Road, Whitchurch, Cardiff CF14 2AD. The service was first registered in 2014.

At the time of inspection, the staff team included the registered manager and two other staff members. The service is registered to provide the following treatments to patients:

Laser/IPL and Treatments Provided	Age range
Cynosure Revlite SI <ul style="list-style-type: none">• Facial pigmentation (melasma)• Skin rejuvenation• Skin lesions such as vascular lesions• Tattoo removal	18+
Cynosure Revlite SI <ul style="list-style-type: none">• Pigmented lesions• Hair removal	10+
IPL <ul style="list-style-type: none">• Pigmented lesions• Skin rejuvenation• Hair removal• Facial redness	18+

³ 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.

<p>Candela Pulsed Dye Laser</p> <ul style="list-style-type: none"> • Skin rejuvenation • Sebaceous gland hyperplasia 	18+
<p>Candela CORE CO2 laser</p> <ul style="list-style-type: none"> • Skin rejuvenation • Pigmented lesions 	18+
<p>Candela CORE CO2 laser</p> <ul style="list-style-type: none"> • Removal of benign lesions • Scarring 	12+
<p>Candela CORE CO2 laser</p> <ul style="list-style-type: none"> • Vascular lesions • Facial and leg veins • Hair removal • Facial redness • Pigmented lesions • Viral warts • Acne vulgaris • Scarring (acne scarring, keloid scarring) 	10+

At the time of our visit the Cynosure Elite machine was not working and therefore not being used to provide treatments.

4. Summary

We looked at how the service complied with the requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards.

This is what we found the service did well:

- Patients were provided with sufficient information to make an informed decision about their treatment, with detailed consultations and patient information provided
- The service is committed to providing a positive experience for patients
- We saw evidence that patients were satisfied with their treatment and the service provided
- The environment was clean, modern, calm and tidy. Cleaning schedules and hand washing facilities were available in every treatment room
- Comprehensive paperwork was kept to document patient treatments

This is what we found the service needed to improve:

- The patient guide and statement of purpose need to be updated to reflect how patients are able to access the latest HIW report and contact details
- A system of annual, documented appraisals needs to be developed for staff
- Updated Core of Knowledge training needs to be completed for one member of staff

Further details of these improvements are provided in Appendix A.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered manager take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with the regulations.

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

We were told that patients were provided with a verbal consultation prior to treatment, which included discussions of the risks and benefits. Patients were asked to provide written consent to treatment and we saw examples of information and aftercare guidance given to patients.

We saw that patients were asked to complete medical history forms. Any updates or changes are verbally checked at each appointment and documented on the patient's record.

Specialist Skin Clinic uses a patient treatment register to record treatment information, including the area treated, comments regarding the treatment which may include any adverse effects, date, patient name, the laser/IPLs shot count and the signature of the operator. We saw examples of some records and noted that appropriate information recorded.

Communicating effectively (Standard 18)

A patient's guide document was available, which contained all the information in accordance with the regulations. This was the first inspection visit to the Specialist Skin Clinic, therefore the patient guide will need to be updated to provide details of how patients can access the latest HIW inspection report.

Improvement needed

The patient guide needs to be updated to reflect how patients can access the latest HIW report

A statement of purpose was available, which contained most of the information in accordance to the regulations. Updates to the statement of purpose are required to comply with the regulations, including:

- Telephone and email contact details for the registered provider

At the time of our visit the clinic had submitted an application to vary their conditions, and as part of the process the an updated patient guide and statement of purpose will need to be submitted to HIW with the recommended information on how patients can access the latest report and contact details.

Improvement needed

The statement of purpose must include contact details for the registered provider

Citizen engagement and feedback (Standard 5)

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Nineteen patient questionnaires were completed prior to the date of inspection.

The questionnaires showed that all patients strongly agreed with statements that the clinic was clean and tidy. Responses showed that patients agreed and strongly agreed that staff were polite, caring, listened and provided enough information about their treatment.

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided.

Questionnaires are emailed to patients after they have finished their treatment. The responses are analysed bi-monthly and we saw evidence of analysis data. The results can be requested by patients and this is stated in their patient guide and statement of purpose. Testimonials from patients are also published on the clinic's website.

Delivery of safe and effective care

Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)

We saw certificates showing that all staff who operate the laser and IPL machines had completed the Core of Knowledge training. One staff members training had expired, however online training had been arranged to ensure the staff member is up to date. All staff had completed training on how to use the laser/IPL via the manufacturer. The registered manager also provides training to the staff.

Improvement needed

Updated Core of Knowledge training must be undertaken for all staff operating the laser/IPL machines

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules detailing the safe operation of the machine. These rules had been recently reviewed by the LPA and we saw that they had been signed by the registered manager and staff that use the laser/IPL machines which indicated their awareness and agreement to follow these rules.

The LPA had recently visited the premises and had completed an updated risk assessment. However the report had not been submitted at the time of our visit. We reviewed the previous report which was detailed and we confirmed that any actions as a result of the visit had been addressed.

We saw that eye protection was available for patients and the laser operators. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage. The glasses were colour coded so eyewear could be easily identified and used for the correct laser/IPL machine.

We saw certificates to confirm that all the laser and IPL machines had been calibrated and serviced to ensure they were safe for use.

Signs were situated on the outside of the treatment rooms which indicated when the laser/IPL machine was in use.

We were told that all the machines are kept secure at all times, the activation key for the machines are removed and stored securely when not in use, preventing unauthorised access.

Medical protocols for each of the laser/IPL machines were in place and these had been reviewed and signed by an expert medical practitioner.

Safeguarding children and vulnerable adults (Standard 11)

The service is registered to treat patients under the age of 18 years for the treatments listed in Chapter 3 - Context. The registered manager is the only member of staff that undertakes these treatments and anyone under the age of 18 must be accompanied by a chaperone.

There were safeguarding policies in place, which provided a clear procedure to follow in the event of a safeguarding concern. The registered manager described in detail the process undertaken when explaining the treatment procedure to a child and the consent obtained.

All staff had up to date training in safeguarding and certificates were seen to evidence this.

Infection prevention and control and decontamination (Standard 13)

We saw the service was visibly clean and tidy. There was an infection control policy in place which included hand washing and disposal of waste, which supported infection control procedures.

We were told of the arrangements for ensuring the service is cleaned appropriately and saw evidence of the cleaning schedule that was evident in every treatment room which was signed and dated.

Staff told us of the cleaning arrangements between each patient which were satisfactory. However we suggested that the policy is updated to reflect these steps so all staff know and understand their responsibilities.

Managing risk and health and safety (Standard 22)

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that there had been a building wiring check within the last five years and an annual gas certificate was in place.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were signposted. Staff had completed fire training and fire drills were undertaken and recorded.

There was an emergency first aid kit available and a trained first aider. Staff who were not trained first aiders were aware of what to do in an emergency and the policy reflected this.

Quality of management and leadership

Governance and accountability framework (Standard 1)

The Specialist Skin Clinic is owned and run by the registered manager, who is supported by a staff team who maintain and deliver a range of functions that help to deliver the business outcomes.

We saw the service had a number of policies in place which were reviewed annually. Any updates are communicated verbally to staff. We noted that all staff signed a staff declaration which was attached to each staff member's personal file. The declaration listed a number of topics, policies and procedures that staff had read and understood. We noted this as an area of good practice which evidences that staff know and understand their responsibilities.

We were told that regular staff meetings took place, which are documented and we saw evidence of team meeting minutes.

At the time of our visit no formal appraisals were being undertaken. The registered manager confirmed that informal discussions take place on a regular basis and that there are plans to implement a formal system in 2017.

Improvement needed

A programme of documented, annual appraisals must be put in place for all staff.

We found evidence that the clinic had suitable systems in place to regularly assess and monitor the quality of service provided. This is because in accordance with the regulations, the clinic regularly sought the view of patients as a way of informing care, conducts regular meetings with staff and assesses risks in relation to health and safety. We were told that a programme of formal audits is to be completed in 2017.

We were informed by the registered manager that there were clear lines of accountability at the service and staff were fully aware of their roles and responsibilities.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and details of the complaints procedure had been included within the patient guide.

The clinic has a 'complications book' which is used to record complaints and any verbal/informal comments. The book is regularly reviewed so any emerging themes can be identified and discussed at team meetings.

Records management (Standard 20)

We found that patient information was kept securely at the service. An electronic database was being used to store and record all patient records. Some paper records were still being used and kept in lockable filing cabinets with only a small number of staff having access to the records.

The clinic described their system for ensuring the security and confidentiality of patient records. The electronic database was backed up daily and there were appropriate policies and procedures in place to reassure HIW that all patient records were updated and maintained appropriately.

Workforce recruitment and employment practices (Standard 24)

The registered manager and all staff had enhanced Disclosure Barring Service (DBS) checks in place. We noted this as good practice, because the clinic can treat patients under the age of 18 years.

The laser/IPL operators had completed training in a number of areas to ensure they had up to date skills and knowledge. Training certificates were seen on the day of the inspection and were kept in individual folders.

An induction programme was undertaken for all new staff, which included providing new starters with a staff hand book. The staff declaration form which was signed by the employee, provided evidence that the induction had been completed.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified within this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at the Specialist Skin Clinic will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Specialist Skin Clinic

Date of Inspection: 8 December 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
7	<i>The patient guide needs to be updated to reflect how patients can access the latest HIW report</i>	Regulation 7 (1) (g)	This has now been updated and submitted to HIW via variation application - 17/12/16	Dr Gonzalez	Completed
8	<i>The statement of purpose must include contact details for the registered provider</i>	Regulation 8 (a) (b)	This has now been amended to reflect contact details and submitted to HIW via variation application -17/12/16	Dr Gonzalez	Completed
Delivery of Safe and Effective Care					
9	<i>Updated Core of Knowledge training must be undertaken for all staff operating the laser/IPL machines</i>	Regulation 20 (2) (a)	Online Core of Knowledge course for Mrs B Tenorio to be completed by 1st March 2017	Dr Gonzalez	By 1.3.17

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Management and Leadership					
11	<i>A programme of documented, annual appraisals must be put in place for all staff.</i>	Regulation 20 (2) (a)	Dr Gonzalez and Mrs B Tenorio have annual appraisals with NHS - copies now on Clinic Site. Appraisals on remaining staff to be carried out in the first quarter of 2017.	Dr Gonzalez	By 1/3/2017

Service Representative: DR MARIA GONZALEZ

Name (print): DR MARIA GONZAL

Title: Date:

MEDICAL DIRECTOR 20/12/16