



Independent Healthcare Inspection (Announced)

Sk:n Clinic, Cardiff

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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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Sk:n Clinic, c/o David Lloyd Health Club, Ipswich Road, Cardiff, CF23 9AQ on the 29 January 2018.

Our team, for the inspection comprised of two HIW inspectors.

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

Overall, we found evidence that the service provided safe and effective care to its patients.

This is what we found the service did well:

- Patients were provided with detailed information to help them make an informed decision about their treatment
- The premises were clean, tidy and maintained to a high standard
- The service is committed to providing a positive experience for patients
- The service had a range of quality improvement activities to help identify areas for improvement.

This is what we recommend the service could improve:

- A more robust process for obtaining and recording patient consent is required
- Some aspects of retention of staff training records.

3. What we found

Background of the service

Sk:n Clinic is registered as an independent hospital because it provides Intense Pulsed Light Technology (IPL) and class 3B/4 laser treatments at c/o David Lloyd Leisure, Ipswich Road, Cardiff, CF23 9AQ.

The service was first registered on 16 March 2015.

The service employs a staff team which includes the registered manager and five IPL and laser operators.

The service is registered to provide treatments to both children (over three years of age) and adults using the following:

Asclepion Medistar laser

- Laser hair removal (16 (sixteen) years old and above)

Asclepion Quadrostar laser

- Warts and verrucae removal (3 (three) years old and above)
- Red birthmarks (3 (three) years old and above)
- Vascular treatment (18 (eighteen) years old and above)
- Xanthelasma (18 (eighteen) years old and above)
- Rhinophyma (18 (eighteen) years old and above)
- Scar revision (18 (eighteen) years old and above)
- Tuberoses Sclerosis (18 (eighteen) years old and above)
- Facial Thread veins (18 (eighteen) years old and above)

Aesthera Isolaz IPL

- Acne diagnosis and treatment (16 (sixteen) years old and above)

Con Bio Medlite IV laser

- Brown birthmarks and blemishes (3 (three) years old and above)

- Tattoo removal (18 (eighteen) years old and above)
- Age / liver/ sun spots (18 (eighteen) years old and above)

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 staff were committed to providing a positive experience for patients.

Patients were provided with detailed information to help them make an informed decision about their treatment.

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

Recording patient consent at each treatment was needed.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 18 questionnaires were completed. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"I've always been more than satisfied with my experiences at the clinic. Also with call centre/bookings team when making appointments."

Clinic always friendly and clean. Staff clearly knowledgeable. Best service I have received within this field."

"Always a pleasant experience and all staff are warm but professional."

"Everyone I have seen here have been so friendly and caring and have made it a lovely experience."

"It is always a pleasant experience when I come for my treatment. All of the girls at the clinic are lovely and very reassuring. I will (and have) recommended Sk:n to my family and friends."

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment was provided in a safe way.

Dignity and respect

Without exception, all patients who completed a questionnaire told us they agreed that staff were always polite, kind and sensitive when carrying out care and treatment. We were told that the doors are locked during treatment and patients were left alone to undress if necessary. This was done in order to maintain patients' dignity prior to, during, and post treatment.

Consultations with patients were carried out in the treatment rooms, to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a face to face consultation prior to treatment with a laser or ILP operator. This discussion included the risks, benefits and likely outcome of the treatment offered. Patients that completed a questionnaire also agreed that they felt they had been given enough information about their treatment. We were told that all patients were given a patch test prior to treatment and were given after care advice following treatment. We saw examples of detailed written information provided to patients.

Detailed information about treatments was also available on the service's website to help patients make an informed decision about their care, including a 'frequently asked questions' section.

Whilst we saw that written consent to treatment was obtained from patients at the initial appointment, we were unable to see that this was documented at any subsequent appointment. We were told that valid consent is verbally obtained prior to every treatment. This was discussed with the registered manager and responsible individual and agreed that patient consent must be obtained and documented at each appointment.

Improvement needed

The service must ensure that patient consent is obtained and clearly documented prior to every treatment.

Communicating effectively

A patients' guide was available providing information about the service. We found the email address for HIW needed to be updated. All other information as required by the regulations was included.

A statement of purpose¹ was available, and we found it contained all the required information as directed by the regulations.

Care planning and provision

All patients received a consultation appointment prior to treatment being started, which included a skin type assessment. We saw that the outcome of this assessment was documented and used to assist with treatments. We saw examples of information and aftercare documents, which included the risks and benefits of treatment. We discussed the guidance shared verbally with patients at the consultation stage, which also included discussion of the risks and benefits.

We found that there were individual patient notes available which were detailed. We also found the service maintained an overall treatment register specific to each IPL/laser machine, the records again we detailed and thorough as required by the regulations.

Equality, diversity and human rights

The clinic was on the ground floor of David Lloyd Leisure and was readily accessible to patients who may have mobility difficulties or use a wheelchair. We found that there was disabled parking directly outside the premises.

Citizen engagement and feedback

We found that the service had a comprehensive process for obtaining patient feedback about the services they received. Patients were contacted after every treatment to enquire about their experience. This information was reviewed on a monthly basis in the services regional meeting to consider and analyse the

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

information obtained. A summary of some patient comments were also available of the service's website for patients to view and were included in the patients' guide.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the service had suitable arrangements in place to provide treatment to patients in a safe and effective manner.

The service had good processes that enabled them to monitor the quality of the service provided, and were committed to providing a high standard of care.

We recommended that certification relating to staff safeguarding training needed to be obtained and retained by the service.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were safe to use.

Certification was provided to show that the five yearly wiring check for the building was up to date.

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 clearly signposted. A fire risk assessment was in place, last reviewed in June 2017. We saw that staff had received fire safety training and that fire drills were carried out on a regular basis.

We saw that the service had access to a first aid kit, and we found the contents to be within their expiry dates and fit for purpose. We saw certificates to show that staff had also received first aid training.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns raised by patients over the cleanliness of the setting; all of the patients who

completed a questionnaire strongly agreed that the environment was clean and tidy.

The service described in detail the infection control arrangements and we saw an infection control policy was in place. We saw certificates to show that staff had also received training in infection prevention and control. Regular audits of the infection control arrangements were carried out by the service, to help ensure that appropriate arrangements and cleaning schedules were maintained.

We found that suitable arrangements were in place for the collection of clinical waste.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat adults and children for some defined procedures.

We found that there were detailed safeguarding policies in place, to support staff in the event of need. Whilst we saw safeguarding certificates for some laser/IPL operators, we were unable to see them for all members of staff. We were told that all staff had received safeguarding training, but not all certificates were available to view. The service is reminded to ensure that evidence of training is retained by the service.

Improvement needed

The service must ensure that evidence of safeguarding training is obtained and retained for all laser and IPL operators.

Medical devices, equipment and diagnostic systems

We saw documentation to show that all laser operators had received training on the use of the laser and IPL machines. This training was mostly provided in-house, and we recommended that the certificates showing completion of training should be more specific and clearly identify what was covered during the training. The service agreed to address this. We also saw certificates to

show that all laser and IPL operators had completed the Core of Knowledge² training within the last three years.

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 machines, which had recently been reviewed.

We saw certificates to show that the machines had been serviced within the last 12 months to help ensure they were safe to use. We were told about the regular checks that are carried out on the machine, and the service had a system in place to record any faults or error codes to promote the safe use of the machines.

We saw that there were treatment protocols in place for the use of the machines that had been signed off by medical professionals.

Safe and clinically effective care

We saw that the treatment rooms had locks on the inside of the door, which were used when treatment was ongoing. We also saw warning signs on the outside of the doors to indicate that the machines were in use. The keys were removed from the machines after treatments and stored securely to prevent unauthorised use and to promote patient and staff safety.

We saw that eye protection was available for patients and laser/ILP operators. On inspection, the eye protection appeared to be in visibly good condition. We were told that the eye protection was visually checked every day to help ensure they remained safe to use.

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had recently visited the premises and had completed an updated risk assessment.

Participating in quality improvement activities

We found that the service was undertaking a number of quality improvement activities, including patient satisfaction audits, infection control audits and health

² Training in the basics of the safe use of lasers and IPL systems

and safety audit. The service also described an external audit process where a member of staff from the wider company would conduct an unannounced audit to ensure the service was meeting relevant standards. An action plan would be created as a result to identify any areas for improvement.

Records management

We observed that there was good provision for safeguarding patient notes and data, which were being kept securely to prevent unauthorised access.

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.

We found that there was a clear and supportive management structure in place.

The service had a robust system to ensure that any concerns were dealt with appropriately and learning shared to improve patient experience.

Staff had access to a wide range of training opportunities.

Governance and accountability framework

Sk:n Clinic, Cardiff, forms part of a wider group of Sk:n clinics throughout England and Wales. The day to day management of the service is undertaken by the registered manager and supported by the responsible individual. The service has five laser/IPL operators, two of which are doctors who offer infrequent but regular services at the clinic.

We saw the service had a number of policies in place, which all had evidence of recent review. Bulletins would be provided from head office providing any changes to policies and/or procedures, and staff were required to sign to show that they had read and understood any changes.

We were told that team meetings were held regularly, and minutes produced and provided to those members of staff that may not be able to attend.

We saw that the service had an up to date liability insurance certificate in place.

Dealing with concerns and managing incidents

We found that the service had a robust complaints procedure in place. We saw evidence that the service had a suitable process in place for dealing with, and recording complaints appropriately and demonstrated learning from any concerns or complaints raised.

Workforce planning, training and organisational development

We saw evidence to show that all laser and IPL operators had completed training in a number of areas, including the Core of Knowledge, and operator training for the machines.

We saw evidence that staff receive regular appraisals of their work, and we saw detailed staff training records pertinent to an individuals role within the service.

Workforce recruitment and employment practices

We saw that the service had a detailed induction programme in place for new staff, to help support them into a new role. This included training provided within the clinic and also head office training covering aspects of health and safety, manual handling, information governance and basic fire training. We saw evidence that staff were assessed and only signed off to use the machines and carry out treatment when deemed competent to do so.

Recruitment was managed centrally by a corporate team, and we found appropriate pre-employment checks were in place. We found that the registered manager and laser/IPL operators had an up to date Disclosure and Barring Service (DBS) check in place as required by the regulations..

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, measureable, 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
No immediate concerns were identified on this inspection.			

Appendix B – Improvement plan

Service: Sk:n Clinic

Date of inspection: 29 January 2018

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				
The service must ensure that patient consent is obtained and clearly documented prior to every treatment.	9. Patient information and consent Regulation 9 (4) (b)	The Laser Hair Removal consent document was revised on 28th February 2018 to include clear evidence that all clients are given the opportunity to discuss their treatment plan at every treatment. The following wording has been added to the ongoing medical check already performed: I have read and understood the consent form and been given the opportunity to discuss the risks and benefits of potential treatment with a sk:n	Lisa Mason	23rd March 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>practitioner. I understand that my treatment plan may be altered to achieve optimum results and I am satisfied that I can discuss my plan at any time.</p> <p>The client will be asked to sign and date the consent form at every treatment. A Medical Bulletin was sent out on 28th February 2018 to inform all practitioners and staff of the consent form revision.</p> <p>Additional laser consent forms for facial thread veins, tattoo removal and Isolaz will also be updated by 23rd March 2018</p>		
Delivery of safe and effective care				
The service must ensure that evidence of safeguarding training is obtained and retained for all laser and IPL operators.	<p>11. Safeguarding children and safeguarding vulnerable adults</p> <p>Regulation 16 (3) (a)</p> <p>Regulation 20</p>	<p>The outstanding evidence has now been obtained and sent to Health Inspectorate Wales via the portal.</p> <p>In future. to ensure all evidence is collated, the Human Resources (HR) department have added Safeguarding Children certification to our current Standard Operating Procedure for the</p>	Lisa Mason	12 February 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(2) (a)	<p>collation of documentation for doctors. At sk:n clinics we understand the importance of obtaining evidence of training.</p> <p>The Clinic Manager will be responsible for keeping personnel records up to date and a 6 monthly internal audit will monitor compliance to the collation of safeguarding certificates.</p> <p>All employees are provided with Children's Safeguarding training to ensure the safety of all our clients.</p>		
Quality of management and leadership				
No improvements identified				

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): Lisa Mason

Job role: Head of Medical Standards

Date: 28 February 2018