



# Independent Healthcare Inspection (Announced)

Refresh Skin Studio

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

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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 Refresh Skin Studio on the 8 January 2018.

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

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 Refresh Skin Studio was committed to providing an effective service for their patients. Systems were in place to ensure that laser machines were maintained in accordance with the manufacturer's guidelines and the operator was up to date with their training. This was to enable them to use the machines safely.

The environment was clean and well maintained and this was supported by the patient feedback HIW received from questionnaires.

Patient records were comprehensive and kept safe and secure.

The inspection has resulted in no recommendations for the service to action.

This is what we found the service did well:

- Patients were provided with detailed information prior to treatment and post treatment advice
- The service is committed to providing a positive experience for patients, seeking feedback to improve services where applicable
- The service was clean, tidy and well maintained
- There were contracts in place to ensure the laser machines are serviced in line with manufacturer's guidelines
- Patient records (paper and electronic) were stored securely

We did not identify any service issues for improvement. Neither did we identify any areas of non compliance at this inspection.

## 3. What we found

### Background of the service

Refresh Skin Studio is registered as an independent hospital at 4 Plymouth Road, Penarth, Vale of Glamorgan, CF64 3DH.

The service was first registered with HIW on 4 October 2012.

The service employs a staff team which includes one laser operator who is supported by dental nurses when required.

A range of services are provided which include:

Regenlite pulsed dye laser for the following treatments:

- Wrinkle reduction
- Inflammatory Acne vulgaris
- Vascular treatment
- Acne scarring
- Subpurpuric treatment of Rosacea/facial telangiectasia

FusionSLR laser for the following treatments:

- Skin rejuvenation

## 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 patients were very happy with the service provided, and the staff were committed to providing a positive experience for patients.

The service ensures that patients are provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of six questionnaires were completed. Patient comments included the following:

*"Excellent treatment from my first appointment to my last. Always very informative, welcoming and professional"*

*"Very reassuring staff and no pressure to have extra treatments which creates a relaxed and positive experience"*

*"I have been very impressed by the quality of the treatment provided by Refresh Skin Studio. The staff are all highly professional, but also very welcoming, friendly and put you at ease. All the procedures are explained in full [and] the personal circumstances of the client are taken into account..."*

## Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, which was signed by both the patient and operator. Patients'



medical history/condition/s are checked at each appointment to ensure that treatment is provided in a safe way and recorded on the patient record.

### **Dignity and respect**

Prior to any treatment, discussions with patients take place to ensure they understand how the treatment will be performed. This includes information about the type of clothing a patient might consider wearing and/or if clothing will need to be removed.

Staff told us that the service uses chaperones for some treatments and the room is closed when treatments are being carried out. The location of the treatment room ensures no members of the public can access it without being escorted by a member of staff. The premises had sufficient space for conversations to be conducted in private and personal information discussed without being overheard.

### **Patient information and consent**

All patients receive a consultation before starting any treatment so the process and outcome/s can be fully explained. In addition, risks and aftercare advice is also discussed before a patient is asked to sign the consent form confirming their understanding and agreement to treatment. We saw evidence of completed consent forms which evidenced ticked sections, ensuring all areas were covered and signatures of patients and staff were present.

We saw that consent to treatment was recorded on the patient record at every treatment.

### **Communicating effectively**

A patients' guide was available providing information about the service and included the areas required by the regulations.

A statement of purpose<sup>1</sup> was provided and reviewing the document we found it contained the information required by the regulations.

### **Care planning and provision**

All patients received a consultation appointment prior to any treatment being started. We saw that the outcome of this assessment was documented and used to assist with treatment planning.

We found that there were detailed, individual patient notes available which included relevant details. An overall treatment register was maintained, containing the information required.

### **Equality, diversity and human rights**

The treatment room which contained the laser machines was situated on the third floor of the building and was accessible via stairs. Handrails were in place to provide patients with some assistance should this be required.

### **Citizen engagement and feedback**

Refresh Skin Studio has systems in place to obtain patient feedback. For example, the service's website has a facility for patients to submit feedback. Paper questionnaires can also be completed on the premises and questionnaires are emailed to patients following treatments.

Regular analysis of any feedback takes place and staff will follow up any issues with patients. Testimonials are published on the website and patients can request results of patient feedback from staff.

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<sup>1</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit [hiw.org.uk](http://hiw.org.uk)

## Delivery of safe and effective care

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

There were systems in place which ensured that patients were being treated as safely as possible. We found the laser machines were maintained in accordance with the manufacturers' guidelines and staff had up to date training on the use of the machines.

The treatment room was visibly clean and tidy and staff were aware of the cleaning tasks required on a daily and weekly basis to ensure standards remain high.

We found the service had taken steps to protect the health, safety and welfare of staff and patients.

## 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 premises.

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 fit for purpose and safe to use.

Certification was provided to show gas safety and five yearly electrical wiring checks for the building were up to date.

We looked at some of the arrangements in place with regard to fire safety. Fire risks had been assessed via the Laser Protection Advisor's<sup>2</sup> (LPA) report, with

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<sup>2</sup> The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional

no actions identified. The registered manager confirmed they conducted yearly fire safety training. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were signposted. We were told that no fire drills are carried out, but staff are aware of what to do in an emergency situation.

Staff were trained in first aid and cardiopulmonary resuscitation (CPR). A first aid kit was available and monthly checks are carried out to ensure the materials are safe and fit for purpose.

### **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. In addition, all of the patients who completed a HIW questionnaire strongly agreed that the environment was clean and tidy.

Staff described in detail, the infection control arrangements at the service, which were the same as used for the dental services also provided in the same building. Despite the cleaning protocol not being displayed in the laser treatment room, staff were able to confirm the tasks undertaken daily and weekly, which included hand hygiene and the cleaning of the equipment and treatment area between patients.

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

### **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients under the age of 18 years for only those treatments listed on the registration certificate. Staff told us that no patients under 18 years of age had been treated at the service since 2014. However, we saw evidence of the arrangements in place to ensure young persons are safeguarded, including how treatments are explained to children and the consent procedure prior to any treatment.

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assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

A policy for the safeguarding of children and adults was in place which contained clear written procedures for staff to follow in the event of any safeguarding concerns.

Staff described how they would deal with any safeguarding issues. The registered manager had been trained in the protection of vulnerable adults and children.

### **Medical devices, equipment and diagnostic systems**

We saw evidence that the laser machines had been regularly calibrated<sup>3</sup> and serviced in line with the manufacturers' guidelines.

We saw that there were treatment protocols in place for the laser machines and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules<sup>4</sup> detailing the safe operation of the machines. These rules had been reviewed by the LPA and we saw that they had been signed by staff who operated the laser machines which indicated their awareness and agreement to follow these rules.

### **Safe and clinically effective care**

At the time of our visit, there was no certificate to evidence that the laser operator had completed Core of Knowledge<sup>5</sup> training. We were told during the visit that this would be addressed and a certificate was provided shortly after the visit to evidence that the training has been completed.

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<sup>3</sup> Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

<sup>4</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>5</sup> Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

We saw that eye protection was available for patients and the operator of the laser machines. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the laser machine was in use. We were told that the machines are kept secure at all times. The activation keys for both machines are stored securely when not in use, preventing unauthorised access.

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had completed an updated risk assessment which had no improvements identified.

### **Participating in quality improvement activities**

We found evidence that there were suitable systems in place to regularly assess and monitor the quality of service provided. For example, the service regularly sought the view of patients as a way of informing care and conducted audits of records to ensure consistency of information and assessed risks in relation to health and safety matters.

### **Records management**

We found that patient information was kept securely, both paper and electronic notes. We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

## 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 Refresh Skin Studio to have a small, but effective team in place. This was supported by a management structure in which staff clearly understood their roles and responsibilities.

Systems were in place to ensure any formal or informal comments or complaints were logged and responded to in a timely way.

There were established systems in place to undertake pre-employment checks and support staff to remain up to date with their skills and knowledge.

### Governance and accountability framework

Refresh Skin Studio is owned and managed by the registered manager. The registered manager is the only laser operator.

We saw the service had a number of policies in place which were updated annually. Documents had review and issue dates and there was evidence to show staff sign policies and procedures to indicate they have read them and understand their role and responsibilities, which we recognise as good practice.

All policies and procedures are kept in an indexed 'manual' so they can be accessed by staff. Any updates are verbally communicated to staff, who are required to read and sign them. This ensures they are kept informed about the most up to date working practices.

We were told that staff meet daily to discuss and plan the day ahead, which is a verbal, informal process. Formal team meetings take place on a monthly basis which are documented.

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

## **Dealing with concerns and managing incidents**

We saw that the service had a complaints policy in place and it provided the correct contact details of HIW in line with the regulatory requirements. Details of how patients can obtain the complaints procedure had also been included within the statement of purpose.

The service had a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received.

All patients who completed a HIW questionnaire told us that they knew how to make a complaint if they needed to do so.

## **Workforce planning, training and organisational development**

As mentioned earlier within the report, we have received evidence that the operator had completed the Core of Knowledge training and had also completed training on how to use the lasers in-line with manufacturers' guidelines.

## **Workforce recruitment and employment practices**

Despite there being a well established staff team, only the registered manager operated the laser machines to carry out treatments. Additional staff were used to assist and/or chaperone patients as and when required.

We were told of the recruitment and employment practices in place to ensure appropriate employment checks are undertaken in respect of new staff, which would include a disclosure and barring service (DBS) check.

An induction programme is in place to support new starters which is documented.

We were told that a programme of annual appraisals was in place for staff.



## 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:** Refresh Skin Studio

**Date of inspection:** 8 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
<b>Quality of the patient experience</b>				
No improvements identified				
<b>Delivery of safe and effective care</b>				
No improvements identified				
<b>Quality of management and leadership</b>				
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): Julie Johnson**

**Job role: Practice Manager**

**Date: 7 Feb 2018**