

Independent Healthcare Inspection (Announced)

Wish Skin Clinic

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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 Wish Skin Clinic on the 1 February 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:

- Updates to the overall treatment register.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Wish Skin Clinic is registered as an independent hospital because it provides Intense Pulsed Light Technology (IPL) and class 3B/4 laser treatments at 66 Commercial Road, Taibach, Port Talbot, SA13 1LR.

The service was first registered on 7 July 2016.

The service employs a staff team which includes the registered manager (trained to use the ILP/laser but limited use), three additional laser operators and a clinic receptionist.

The service is registered to provide the following treatments to persons over 16 years of age:

Excelight Intense Pulsed Light system:

- Permanent hair reduction
- Red vein removal
- Skin rejuvenation
- Acne treatment.

Q-Plus C Nd:YAG and Ruby Laser system:

- Tattoo removal
- Fractional laser
- Skin resurfacing, including acne treatments.

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, and patients commented favourably about the care and treatment received.

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.

Updates to the overall treatment register were required.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided at the clinic. A total of 15 questionnaires were completed, ranging from patients new to the clinic (attending for less than six months) to regular patients at the clinic (attending for between one and five years).

Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

“Very professional, excellent service and brilliant knowledge of treatment. Will be returning”

“I have seen significant improvements since visiting the Wish Skin Clinic; the girls are always on hand to help with any queries or concerns. I'm always greeted with a smile and the environment is always welcoming, professional and clean. Excellent aftercare advice and the knowledge they have they share to help educate you as the patient too, which I love hearing”

“Always receive an excellent welcome and I am confident that I will get high quality treatment”

“Since carrying out my skin plan at Wish, I cannot say how happy I am with the results I've achieved. Finally at 37 I have the skin I feel truly confident about, thanks guys”

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

Prior to any treatment, discussions with patients took place to ensure they understood how treatment would be performed. The premises had sufficient space for conversations to be conducted in private and for personal information to be discussed without being overheard.

The treatment room was locked from the inside whilst treatments were carried out to prevent unauthorised access. Where applicable, patients were left alone to undress and bed-roll was available to help protect a patient's dignity during treatment.

All patients that completed a questionnaire strongly agreed that staff are always polite to them and are kind and sensitive when carrying out care and treatment. One patient made the following comment in their questionnaire about the staff:

“Always extremely happy with my treatments. Staff are all so friendly and helpful, especially the lady who does my treatments for me. She always makes you feel welcome and super comfortable and is always so professional”

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.

All patients that completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services; one patient commented:

“Great staff and environment. Treatments explained fully and carried out in an extremely professional manner.”

All patients that completed a questionnaire agreed that staff listened to them during their appointment.

We were told that 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.

We found that consent to treatment was obtained from patients at the initial and any subsequent appointment.

Communicating effectively

A patients' guide and statement of purpose were available and we found that they contained all the relevant information as required by the regulations.

Care planning and provision

All patients received a consultation appointment prior to treatment being started, which included a patch test to help determine the suitability and likely outcome of treatment. 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. We found that these needed to be updated to ensure they captured all the relevant information, including the following: additional information regarding patient identifiers, details of any adverse effects and signature authorisation of laser/IPL operator.

Improvement needed

The registered manager must ensure that the treatment register is updated to ensure it captures all relevant information.

Equality, diversity and human rights

The clinic and treatment rooms were all located on the ground floor and were readily accessible to patients who may have mobility difficulties or use a wheelchair.

Citizen engagement and feedback

We found that the service had a number of methods for obtaining patient feedback about the services they received. Patients were able to provide feedback via various social media outlets, questionnaires were available in the reception area and the clinic also contacted patients via email to enquire about their views. We found that the information was regularly monitored and reviewed.

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.

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 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 seen to show that the electrical wiring checks for the building were 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, and 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 given by patients over the cleanliness of the setting; all of the patients that completed a questionnaire felt that, in their opinion, the environment was clean and tidy; one patient said in their questionnaire:

“Clinicians are very informative, clean and tidy, very friendly. Building always tidy, clean and smart. Well maintained public areas”

The service described in detail the infection control arrangements and we saw an infection control policy was in place. Regular checks 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 patients 16 years and over.

We found that there were detailed safeguarding policies in place, to support staff in the event of need. We also saw certificates to show that staff had received training in both adult and child safeguarding.

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. We also saw certificates to show that all laser and IPL operators had completed the Core of Knowledge¹ 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.

¹ Training in the basics of the safe use of lasers and IPL systems

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

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 in between patients to help ensure they remained safe to use. The eye protection was also labelled to ensure that they were used with the correct laser/IPL machine.

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 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.

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.

The day to day management of the service and operation of the laser and IPL machines was the responsibility of the registered manager.

We found that there were systems were in place to ensure policies and procedures were updated on a regular basis. The service also had systems in place to ensure any complaints and/or compliments were dealt with appropriately.

Governance and accountability framework

Wish Skin Clinic is owned by the registered manager and supported by three laser and IPL operators on a day to day basis.

We saw the service had a number of policies in place, which all had evidence of recent review. Staff would be kept informed of any changes to policies and/or procedures to ensure they had access to the most up to date information. 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.

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 complaints procedure in place. Staff described a suitable process for dealing with, and recording complaints appropriately and this demonstrated learning from any concerns or complaints raised.

The service had not received any complaints since the service was registered.

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 individual's role within the service.

Workforce recruitment and employment practices

We found that the service had an established team of staff and had detailed staff files. We found that induction training had been completed, where appropriate, and records maintained.

All staff had up to date Disclosure and Barring Service (DBS) checks 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: Wish Skin Clinic

Date of inspection: 1 February 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 registered manager must ensure that the treatment register is updated to ensure it captures all relevant information.	Regulation 23 (1) (a)(i) Standard 8. Care planning and provision 8. Care planning and provision	Additional patient identifiers (date of birth), details of any adverse reactions and signatures of operators have been added to the treatment record	Jeremy Isaac	Completed May 2018
Delivery of safe and effective care				
No improvements identified during the inspection				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
No improvements identified during the inspection				

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): Jeremy Isaac

Job role: Registered Manager

Date: 27/6/18