

# **Independent Healthcare Inspection (announced)**

Dermaskin

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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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Dermaskin on the 04 March 2020.

Our team, for the inspection comprised of three HIW inspectors and two clinical peer reviewers, divided in to a dental inspection team and independent hospital inspection team. This report covers the services provided under Dermaskin's registration under the Independent Health Care (Wales) Regulations 2011. The findings for the dental services are published in a separate report.

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 that Dermaskin Ltd was committed to providing a positive service to its patients in an environment that was clean, tidy and pleasant.

The registered manager had a wide range of policies and procedures in place to ensure the safety and dignity of patients and staff. We also found that there were comprehensive arrangements in place to discuss treatment options with patients and obtain consent prior to laser treatment.

This is what we found the service did well:

- The environment was clean and well maintained
- Processes were in place to ensure the privacy and dignity of patients
- Patients were provided with detailed information to help them make an informed decision about their treatment
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- The service must ensure records are kept in line with regulatory guidelines

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

### 3. What we found

#### **Background of the service**

Dermaskin is registered to provide a range of services which include:

- Botox injections for medical purposes
- Various laser treatments
- Vaccines and accompanying blood tests
- Medical wellness checks and accompanying blood tests

The service has does not offer an inpatient facility.

The service was first registered on May 2014.

The service employs a staff team which includes one managing director who is also the registered GP, one practice manager, three laser operators and four receptionists.

## 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 registered manager was committed to providing a positive experience for patients.

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

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

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 12 questionnaires were completed. The majority of the completed questionnaires were from patients who had been a patient at the service, more than 2 years.

Overall, patient feedback was very positive, all of the patients who completed a questionnaire rated the care and treatment that they were provided with as 'excellent'.

Patient comments praising the service provided at the service included the following:

*"Excellent clinic, have helped with several issues. Very knowledgeable one stop shop! If the NHS wards run like this the whole country would be amazed! Thank you for such thorough care and attention to detail. Your work has had such a beneficial impact on my life!"*

*"Excellent care, I have had procedures a few times now and always get a one to one consultation; very patient staff and excellent service"*

## Health promotion, protection and improvement

There was limited information available for patients to read and take away on how they can take responsibility for their own health and wellbeing. The registered manager told us that they would inform patients during the



consultation on how to access health information and would talk to patients about smoking cessation and preventative healthcare.

All of but one of the patients who completed a questionnaire confirmed that they completed a medical history form, or had their medical history checked, before undertaking any treatment.

### **Dignity and respect**

We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. The reception was located just inside the entrance of the service, within the waiting room. Whilst the reception and waiting area were in close proximity we observed reception staff making a conscious effort to protect patient privacy when taking phone calls.

To ensure patient privacy, we were told that patient consultations are always carried out in treatment rooms. We observed that during appointments the doors to the consultation rooms were closed, to help protect patient privacy. To ensure patient dignity pre and post treatment, we were told that patients are provided with a towel to change, in private if necessary.

Every patient who completed a questionnaire agreed that they had been treated with dignity and respect by the staff at the service, and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

### **Patient information and consent**

We saw evidence that patients were provided with sufficient information in order to make an informed decision about their treatment. This is because the service provides information in a variety of formats. This includes a patients' guide which is available for patients in the waiting room, as well as comprehensive information being available to take away. This is supplemented by a detailed web page which outlines the treatments offered.

All patients who completed a questionnaire agreed that they had been given enough information to help them understand the treatment options available to them, and the risks and benefits associated with each treatment option; all of the patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Additionally, prior to treatment, all patients are provided with a face-to-face consultation. This includes a discussion around the risks, benefits and likely outcome of the desired treatment. Written consent is also obtained prior to

initial treatment and at any subsequent appointments. We were told that following treatment all patients receive aftercare advice and an aftercare pack to take away with them.

All of the patients who completed a questionnaire confirmed that they did sign a consent form before receiving any new treatment and all patients also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

We looked at a selection of patient records, and we found that consent to treatment had been obtained and documented on all laser treatment records. However we noted that the records for other forms of treatment lacked detail and did not record consent arrangements sufficiently. This is covered in greater detail in the record keeping section of the report.

### Communicating effectively

A patients' guide was available for patients to read in the waiting room before committing to any course of treatment. The guide, which included the statement of purpose, contained all of the necessary information regarding the services available.

The service also has a comprehensive website which outlines the services available. However, some of the services were not widely advertised and we recommend that these should be clearly advertised to allow patients to make a comprehensive choice on their treatment options prior to consultation.

Every patient who completed a questionnaire said they were 'always' able to speak to staff in their preferred language.

### Improvement needed

The service should ensure that all available treatments are clearly outlined to patients

### Care planning and provision

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation patient histories are collected to ensure suitability of the chosen treatment.

Each patient who completed a questionnaire also said that staff listened to them during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

We reviewed a sample of patient notes and found that patient records for some treatments were good examples of good care planning, however other records needed more detail. Further information on this can be found in the record keeping section of the report.

All but one of the patients who completed a questionnaire said they had been given a patch test to determine a safe and effective setting of the laser for their skin and hair type before they received treatment.

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

The service was on the lower ground floor with stairs at the front entrance; disabled access was provided at the rear of the premises. There was parking available outside the service. The service was all on one level, and fully accessible once inside.

Staff had completed equality and diversity training.

The statement of purpose set out that services were provided having due regard to patients' rights.

### **Citizen engagement and feedback**

The service obtained the views of service users through a feedback box and by asking for online reviews. The results were collated and reported at team meetings. The feedback that was seen during the inspection was positive. We recommended the service should communicate this feedback with patients to evidence the service listens and acts on their feedback

All of the patients who completed a questionnaire said they were aware of being asked for their views about the service provided at the service for example, through patient questionnaires.

A complaints policy was in place and included up to date details for HIW. This was displayed at the service and included in their statement of purpose and 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 the service to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

Systems were in place to ensure patients were being treated as safely as possible. The laser machines were maintained in accordance with the manufacturer's guidelines, and the registered manager had up to date training on the use of the machines.

The treatment room was well equipped and visibly very clean and tidy.

The service needs to ensure that there are appropriate arrangements in place for record keeping for all treatments offered.

## Managing risk and health and safety

Overall we found that the service had processes and procedures in place to protect patients and staff. We saw that there were a range of risk assessments in place, highlighting where improvements were required. These improvements were addresses successfully. The patient areas were free from obvious hazards and were clean and tidy.

The setting occupied the ground floor, with all staff and patients facilities on this level. Access into the building was via a ramp or stairs, which enabled anyone using a mobility aid/pushchair to access the building. The building was visibly well maintained both internally and externally. All areas within the service appeared clean and free from trip hazards.

The treatments rooms were modern in appearance and well equipped.

Fire safety equipment was available at various locations around the service and we saw that this was regularly serviced. Two members of staff were the designated fire marshals and all staff had completed fire safety training. Fire drills were carried out and emergency exits were signposted. A Health and Safety poster was displayed within the service.

The service had various policies and procedures, as well as risk assessments in place. We recommended that either a new policy be developed or an existing policy be updated to clearly identify the arrangements for ensuring the premises are fit for purpose.

The service had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The service also had appointed first aiders. The service held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>1</sup>.

#### Improvement needed

The service must ensure that there is a policy/procedure in place that clearly identifies the arrangements for ensuring the premises are fit for purpose.

#### 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 who completed a questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described the infection control arrangements at the service which we found to be consistent with the procedures outlined in their infection control policy. We also saw that a cleaning schedule was in place.

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

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<sup>1</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

## Medicines management

The service had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The policy for dealing with medical emergencies/resuscitation was available for quick reference by staff.

Emergency drugs kept at the service were seen to be stored appropriately for ease of access in an emergency situation. The service had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>2</sup>.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

## Safeguarding children and safeguarding vulnerable adults

We found the service had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The service had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have and were confident those concerns would be acted upon.

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<sup>2</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined. This included undertaking Disclosure and Barring Service<sup>3</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

### **Blood management**

There were no current records for blood management in the service, however the registered manager was able to describe the process for taking and handling blood tests to a satisfactory level.

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

We saw evidence that both the Monaliza-2 Fractionated CO<sub>2</sub> Laser and Monaliza-3 Q-Switched Nd:YAG Laser had been regularly serviced and calibrated<sup>4</sup> in line with the manufacturer's guidelines.

We saw that there was a medical treatment protocol in place for the safe use of the laser machines.

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

The service carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes made as a result.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

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

Staff were encouraged to raise and discuss any issues and ideas with the management team, through a number of ways. We were told by the registered

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<sup>3</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<sup>4</sup> Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

manager that he encouraged staff to do this as a way of driving improvement through the service.

The registered manager also regularly attended conferences and participated in quality improvement seminars with other laser and lifestyle medicine practitioners.

### Records management

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

We looked at a sample of patient records and found they were maintained to a high standard. The laser records were comprehensive, detailed, organised and clearly written, meaning that staff had good access to legible notes. However, we found omissions in the records for other types of treatment, namely:

- Justification for treatment
- Consent to treatment
- Treatment plans

### Improvement needed

The service must ensure that records for all treatments offered are kept in line with professional standards.



## 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 registered manager had the appropriate training and relevant knowledge to deliver safe treatment to patients.

The service had a wide range of policies and procedures which were all updated on an annual basis.

A comprehensive complaints procedure was in place to ensure any complaints are responded to efficiently and effectively.

### Governance and accountability framework

Dermaskin is owned by two partners, and the day-to-day running is handled by the registered manager.

The service had a comprehensive range of policies and procedures in place. We reviewed a sample of these and found that these were reviewed on a regular basis, with appropriate version control and review dates. Policies and procedures had been signed by staff to confirm awareness and understanding.

The registered manager demonstrated a sound knowledge of the governance arrangements and was committed to providing a good service. The registered manager confirmed to us that they held regular staff meetings with all staff members. This helps to ensure clear lines of accountability and to ensure that all staff are clear of their roles and responsibilities.

We also saw a current HIW certificate of registration and public liability insurance certificate on display in the public reception area.

### Dealing with concerns and managing incidents

We found that the service had an appropriate complaints policy and procedure in place, and that this included the contact details for HIW.

We also saw evidence that the service had an appropriate mechanism in place to log both formal (written and verbal) and informal complaints. Complaints were recorded in a complaints log and responded to within the regulatory timeframes. Sufficient information was available to evidence that the process, outcome and lessons learned were documented.

Staff we spoke with described the arrangements for reviewing significant incidents and sharing learning from these to promote patient safety and well-being. We were informed that there had not been any examples of this to report.

There was evidence available showing that risk assessments had been completed on the service, including a risk assessment created by the Laser Protection Adviser (LPA), a fire risk assessments, and there was evidence of an annual review of all these assessments.

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

We saw evidence that all operators had completed Core of Knowledge training and manufacturer training in the use of the laser/IPL machines.

The registered manager told us that new staff undertake induction training from laser operators within the service. We were told that this training then forms part of each staff members' Practitioner Development Plan, which is overseen by the registered manager.

The registered manager told us that staff are encouraged to participate in quality improvement activities within the service, to develop the service and support staff in their personal development. Staff were able to describe their roles and how they contributed to the overall operation of the service.

### **Workforce recruitment and employment practices**

An appropriate process for recruitment and induction was described to us, which included written references, ID checks, and a probation period. This helps to ensure that suitable persons with an appropriate mix of skills and knowledge are employed by the service. We found evidence that staff had Disclosure and Barring Service (DBS) checks in place to help protect and safeguard patients.

## 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, measurable, 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:** Dermaskin

**Date of inspection:** 04 March 2020

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>				
The service should ensure that all available treatments are clearly outlined to patients	18. Communicatin g effectively	We are producing new patient leaflets and have drafted comprehensive service offerings for prospective patients so that they are aware of the scope of what we can provide and what they can expect of the patient experience.	Dr Gautam	6 months - due to lockdown printers etc are not working as normal so this timescale allows for delivery
<b>Delivery of safe and effective care</b>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must ensure that there is a policy/procedure in place that clearly identifies the arrangements for ensuring the premises are fit for purpose.	22. Managing risk and health and safety	We already have a premises that is fit for the purposes that we have stated. However, we don't have a clear policy outlining the same. We will update our files and ensure that there is a policy in place.	Dr Gautam / Dr Rimmer	3 months
The service must ensure that records for all treatments offered are kept in line with professional standards.	20. Records management	We are creating templates for the more complex medical consultations and these will homogenise the information gathering and recording processes. They will be distinctly different from the current consent forms that we use in clinic. As our offerings evolve, we will also modify our templates to incorporate any additional data that we may need to capture and store from our patients.	Dr Gautam	6 months

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): Dr Sid Gautam**

**Job role: Clinical Lead**

**Date: 20th May 2020**