

# Quality Check Summary

## DermoAz Skin and Laser Clinic

### 3 August 2021

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of DermoAz Skin and Laser Clinic as part of its programme of assurance work. The setting is registered to provide a range of cosmetic skin treatments using an intense pulsed light device to adults over 18 years old.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the Registered Manager on 3 August 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that the infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- How are you ensuring that the environment is safe for staff, patients and visitors, and how patient dignity is maintained? What changes, if any, have been made as a result of COVID-19?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?
- How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?

## Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies/procedures
- Insurance liability certificates

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

### **The following positive evidence was received:**

The registered manager described a range of steps the service had taken in response to the pandemic to help promote a safe environment. This included having an appointment only system, encouraging patients to attend the clinic by themselves and limiting space in the waiting area.

We explored how patient privacy and dignity is maintained. The registered manager told us they ensure that each patient is given an appropriate appointment length to meet their individual needs, that patients are given time to change alone before and after their treatment, and that a blanket and towel is provided.

We saw evidence to confirm that the fire extinguishers had been serviced within the last 12 months. This included testing of the fire alarm system and emergency lights.

We confirmed that there was a valid public liability insurance certificate in place

### **The following areas for improvement were identified:**

The registered manager described a range of steps that they had taken to manage the risks associated with COVID-19. However, we found that the environmental risk assessment required updating to include the additional risks arising as a result of the pandemic. The registered manager must ensure that the steps described to us are appropriately documented in the risk assessment.

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and COVID-19 specific policies
- Most recent risk assessment

### **The following positive evidence was received:**

The registered manager described a number of IPC related changes that had been made in response to the pandemic. This included staggering appointments between patients to allow for additional cleaning time, ensuring ventilation through open windows and removal of re-usable couch covers.

The registered manager confirmed that patients are checked for COVID-19 symptoms the day before their appointment and immediately before they enter the clinic. We were told that patients are asked to scan the NHS test, trace and protect QR code when they enter the premises.

We were told that patients are asked to bring their own masks, but that disposable masks are available for those who forget. The registered manager confirmed what PPE would be used when treatments are provided, this included enhanced PPE when providing facial treatments.

The registered manager confirmed that treatment rooms and equipment are cleaned in between each patient. This included cleaning of the laser equipment, goggles, surfaces and couch. We were told that a deep clean is completed by a cleaner on a weekly basis.

### **The following areas for improvement were identified:**

The registered manager described a range of steps they take to ensure a clean and safe environment. However, they must ensure that appropriate cleaning schedules and checklists are maintained in order to demonstrate which areas have been cleaned and when.

## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

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The key documents we reviewed included:

- Mandatory training records for all staff
- Safeguarding training certificate and policy

**The following positive evidence was received:**

The registered manager of DermoAz Skin and Laser Clinic is the sole laser operator at the setting. They demonstrated a good knowledge of the treatments provided and emphasised the importance of providing patients with individualised care.

We confirmed that adult safeguarding training had been undertaken by the registered manager.

**The following areas for improvement were identified:**

The registered manager must review their safeguarding policy. The policy should include contact details for the local authority safeguarding team. Consideration should also be given towards the All-Wales safeguarding procedures.

## Safe and effective care

During the quality check, we considered how the service has delivered treatment safely and effectively to patients. We considered the arrangements in place to explain treatments to patients, how treatment needs are assessed and how the service manages the risks associated with the laser equipment.

The key documents we reviewed included:

- Informed consent policies / procedures
- Laser / IPL treatment protocols and local rules
- Laser Protection Advisor (LPA) contract
- Laser / IPL servicing certificates

**The following positive evidence was received:**

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. This includes providing patients with written leaflets and allowing potential patients time to consider their treatment options.

Medical histories are collected as part of the consultation to ensure suitability of the chosen treatment. The registered manager confirmed that treatment protocols and suitable medical

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advice would sought if there was any doubt as to the suitability of a chosen treatment.

We found that consent is obtained from patients prior to the treatment taking place and at any subsequent appointments. This process included a discussion around the risks, benefits and likely outcome of the desired treatment.

The registered manager confirmed that a skin patch test is completed for all patients prior to the treatment and we confirmed that suitable aftercare information was available for patients to take away following treatment.

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic to ensure that safe and effective care is provided. We found:

- Treatment protocols had been reviewed by a GMC registered professional and the registered manager confirmed that these were kept in the clinic to refer to
- Laser equipment had been recently serviced and re-calibrated
- Core of Knowledge<sup>1</sup> training had completed.

**The following areas for improvement were identified:**

We found that the local rules<sup>2</sup> had not been reviewed by a laser protection advisor (LPA) within the last 12 months despite continued use of the laser equipment. This meant that we could not be assured that treatments had fully taken into account the risks relating to the health, welfare and safety of patients and staff.

This resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvement needed.

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## What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed

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<sup>1</sup> Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

<sup>2</sup> The local rules are a key aspect of identifying, assessing and managing the risks associated with the operation of a Class 3B/4 laser or Intense Pulsed Light (IPL) machines

- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.