

Independent Healthcare Inspection Report (Announced)

SkinDeep Clinic, Aberystwyth

Inspection date: 13 February 2023

Publication date: 16 May 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83504-009-6

© Crown copyright 2023

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

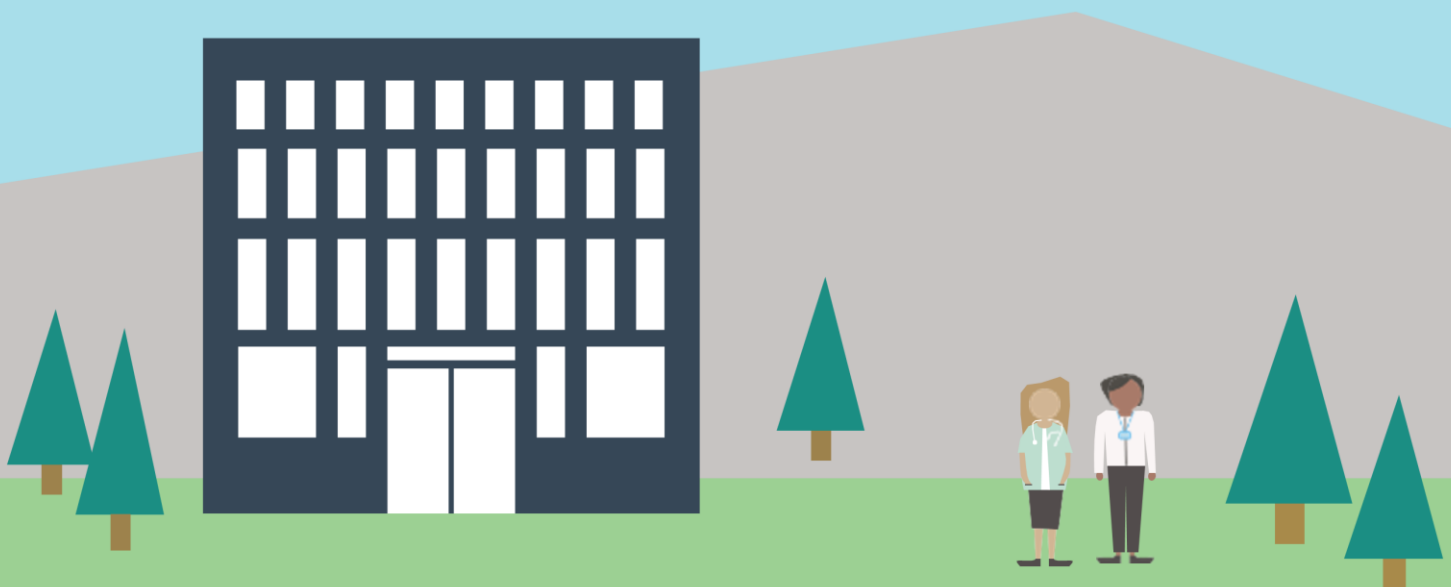
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	14
4. Next steps.....	15
Appendix A - Summary of concerns resolved during the inspection	16
Appendix B - Immediate improvement plan.....	17
Appendix C - Improvement plan	18

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Skindeep clinic, Rhoshendre, Waun Fawr, Aberystwyth SY23 3QH on 13 February 2023.

Our team for the inspection comprised of one HIW Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients were provided with treatments in a modern and welcoming clinic setting. In response to the HIW questionnaires we distributed prior to the inspection, patients expressed positive feedback about the service and treatments that they had received.

This is what the service did well:

- The clinic setting was modern and welcoming
- Patients provided a breadth of positive feedback about the staff and quality of treatments provided by the setting.

Delivery of Safe and Effective Care

Overall summary:

The service provided patients with safe and effective care. We found that treatments were provided by suitably trained staff and there was an effective system in place to obtain, review and record patient medical histories and consent prior to each treatment. There were suitable arrangements in place for the maintenance and on-going safety of the laser equipment.

This is what the service did well:

- Effective system in place to ensure that patients medical histories and consent to treatment was obtained, reviewed, and recorded
- Suitable laser safety and maintenance arrangements.

This is what we recommend the service can improve:

- Ensure that evidence of safeguarding training is retained on file for future inspections.

Quality of Management and Leadership

Overall summary:

We found the registered manager to be patient focused and knowledgeable of the treatments provided and had maintained and develop the learning and development of the wider team.

This is what the service did well:

- Appropriate arrangements for on-going training, learning and development.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the service to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. We received 18 completed questionnaires.

The comments provided by the patient included:

“Excellent standard of service and care. I have recommended this salon to many people.”

“Very clinical and hygienic. Made me feel comfortable.”

“Staff friendly and informative.”

Health protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment and again prior to subsequent treatments. We confirmed medical histories were signed by the patient and were countersigned by laser operator. All patients told us that they had their medical histories taken prior to treatment.

Dignity and respect

We were told that patient consultations and treatments are always carried out in the appropriate treatment room and we found suitable areas within the clinic where conversations with patients could be held.

Pre and post treatment we were told that patients are given time to change and that modesty towels are provided. Staff noted that they are aware of how to appropriately position modesty towels during treatment to fully maintain dignity. Treatment rooms are lockable to aid privacy.

We were told that patients can be accompanied to the setting, but not during the treatment for safety reasons. All patients strongly agreed that they had been treated with dignity and respect by staff at the service.

Communicating effectively

Comprehensive patient information was available for patients to read to help them decide about their treatment options and details about the service. We found evidence of this in the records we reviewed. All patients strongly agreed that staff explained what they were doing throughout the treatment and that they felt listened to.

Two of the 18 patients who completed a questionnaire stated their preferred language to be Welsh and both patients told us that they felt comfortable using Welsh within the setting.

Patient information and consent

We found that patients were provided with sufficient information to make an informed decision about their treatment. We were told that all patients are provided with a face-to-face consultation, which included a discussion around the risks, benefits, and likely outcomes of the desired treatment.

The consent form was of a suitable standard and we confirmed in the records that we reviewed that consent was taken prior to the initial treatment and at subsequent appointments.

All patients confirmed that they had completed a consent form before receiving treatment and that they felt involved as much as they wanted to be in any discussions about their treatment.

Care planning and provision

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of patient records and found a good standard of record keeping, which covered all areas of the patient journey, pre and post treatment.

Equality, diversity and human rights

The laser treatment rooms are located on the ground floor of the premises, which helps to provide an accessible service to all.

The service emphasised that treatments are accessible and open to all prospective patients. We saw evidence to confirm that treatments are available to all patients, including transgender patients where we noted sensitive consultations took place to ensure that needs were met in an individualised manner.

Citizen engagement and feedback

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

The registered manager told us that feedback is collected post treatment and we saw some examples of positive responses which had been returned to the setting. There were no incidents or open complaints to note.

Delivery of Safe and Effective Care

Managing risk and health and safety

Portable appliance testing (PAT) stickers were visible on all relevant appliances and had been recently tested. We saw evidence to confirm that a five yearly wiring check was not required at the time of the inspection.

We found that fire extinguishers had been serviced within the last twelve months and aspects of fire safety had been appropriately considered in a written risk assessment. The setting must ensure that this is reviewed at least annually.

We found that trained staff were available on the premises to assist with matters of fire safety and first aid if required. The setting confirmed that trained staff were available throughout the opening hours of the clinic and a first aid kit was within reach.

Appropriate laser safety and privacy signage was displayed on the treatment room door to remind staff and visitors to avoid entering when treatments are being provided.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean and all patients felt the clinic was 'very clean'.

The registered manager described a range of infection control arrangements. These included a daily cleaning checklist for the treatment room, cleaning laser and bed equipment in between appointments, cleaning of eyewear prior to each use.

There were appropriate arrangements in place for the disposal and collection of clinical waste, including sharps.

Safeguarding children and safeguarding vulnerable adults

We found that there was a safeguarding procedure in place for staff to follow in the event of a safeguarding concern. The procedure contained contact details for the local authority safeguarding team and staff were trained to an appropriate level. However, evidence of safeguarding training was not immediately available to us to review during the inspection. The setting must ensure that evidence of safeguarding training is retained on file.

We confirmed that no treatments are provided to children and patients are not permitted to bring their children into the laser treatment area.

Medical devices, equipment and diagnostic systems

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic. We found:

- Services of a Laser Protection Advisor (LPA) were appointed, and we confirmed that a current contract was in place. The registered manager knew how to contact the LPA should advice on the safe use of the laser equipment be required
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability. We advised the registered manager to ensure that the most up-to-date local rules are issued to the setting in a timely manner. These were obtained during the inspection.
- Laser equipment was maintained through a service contract and no issues were identified. The registered manager was aware of how to escalate any equipment concerns
- Routine checks take place to ensure on-going suitability of the laser equipment.

Safe and clinically effective care

We saw evidence that the laser operators had completed Core of Knowledge training and manufacturer training in the use of the laser machines. The registered manager described that additional training and development sessions which are frequently attended.

We reviewed the treatment protocols and found that these had been reviewed by a General Medical Council (GMC) registered professional.

We saw that eye protection was available for all patients and operators and we confirmed that these were in adequate condition.

The setting confirmed that a patch test is completed prior to treatment being provided. The registered manager told us that this is required for all treatments, and we confirmed this in the records that we reviewed.

Written aftercare information was provided to patients to take away with them to prevent infection and to aid healing. Staff confirmed that verbal advice is also provided. All patients confirmed that they were given aftercare advice and knew what to do in the event of an infection. No patients reported any adverse reactions following treatment and we confirmed in the records that we reviewed that any slight reactions were appropriately recorded and responded to in order to help inform subsequent courses of treatment.

Participating in quality improvement activities

Staff demonstrated a good knowledge and understanding of the treatments provided and were keen to develop the learning and development of the wider team to improve the quality of services provided by the clinic.

Records management

We found evidence of good record keeping. The sample of records that we reviewed were comprehensive and clear to follow, and all elements of the records reflected the patient journey pre and post treatment. Records were kept in a well organised manner and were kept secure when not in use.

Quality of Management and Leadership

Governance and accountability framework

The service is overseen by the HIW registered manager and is supported by one additional laser operator.

The service had several policies and procedures in place. We reviewed a sample of these and found these overall met the needs of the service. The policies had been recently reviewed to ensure their on-going effectiveness.

Dealing with concerns and managing incidents

We confirmed with the registered manager that there had been no HIW reportable incidents.

They described their complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact. The registered manager told us that patients are contacted to provide feedback following their treatment.

Workforce planning, training and organisational development

We noted that any new staff would be expected to undergo a period of supervision as part of their induction and training, and that they would ideally be working towards a recognised qualification.

The registered manager confirmed that an annual appraisal is completed for all staff, which also helps to keep staff motivated and to identify any further training areas that may be required.

Workforce recruitment and employment practices

The registered manager described suitable recruitment arrangements for the employment and on-going review of staff. This included appropriate pre-employment checks and confirmation of training prior to providing any treatments.

We saw evidence that the registered manager had obtained a Disclosure and Barring Service (DBS) certificate for all staff. However, the setting is advised to ensure that the certificate for the registered manager is obtained to an enhanced level where there is unsupervised access to patients.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No non-compliance issues were 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:

Appendix C - Improvement plan

Service: Skindeep Clinc

Date of inspection: 13 February 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The setting must ensure that evidence of safeguarding training is retained on file.	Regulation 16	-	-	-

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):

Job role:

Date: