

Independent Healthcare Inspection Report (Announced)

City Skin Doctor Clinic, Cardiff

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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.



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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 City Skin Doctor Clinic, 225 City Road, Cardiff, CF24 3JD on 11 July 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 18 were completed. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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:

City Skin Doctor Clinic was committed to providing a positive experience for patients in a pleasant environment. The treatment room was clean and tidy and ensured that patient's privacy and dignity was always maintained.

Patients were provided with adequate information both pre and post treatment to enable them to make an informed decision.

There was provision for anonymous feedback within reception and online and social media reviews are monitored and analysed to improve service.

The ground floor reception and treatment rooms were designed with wider doors and corridors for wheelchair access however the laser treatment rooms located downstairs were not accessible to patients with these requirements.

This is what we recommend the service can improve:

- Update patients' guide to include cost of laser treatments, HIW contact details and how to access most recent HIW inspection report
- Improve provision for patient awareness of feedback results.

This is what the service did well:

- Staff speak a range of languages to enable clear communication with non-English speaking clients
- Treating patients with dignity and respect.

Delivery of Safe and Effective Care

Overall summary:

The laser machine had been serviced, the clinic had up-to-date local rules and there was a current Laser Protection Advisor (LPA) contract in place. Electrical Portable Appliance Testing (PAT) had been recently completed however the five yearly wiring inspection had expired in December 2022.

Fire extinguishers had been serviced although an up-to-date fire risk assessment for the premises was not available. Suitable arrangements were in place for safeguarding of vulnerable adults with chaperones either provided or permitted to attend where necessary.

The clinic was clean and tidy within the building however cleaning schedules were basic. The garden outside next to the rear fire exit was overgrown.

This is what we recommend the service can improve:

- Five yearly wiring inspection to be conducted as soon as possible
- Up to date fire risk assessment to be put in place for the location
- Cut back overgrowth in rear yard to facilitate easy evacuation via rear fire exit.

This is what the service did well:

- Patient records kept securely using both PIN protected digital records system and locked filing cupboard.

Quality of Management and Leadership

Overall summary:

The staff had clearly defined roles and appeared enthusiastic and knowledgeable about their work and towards clients. They showed evidence of continuing professional development, a good understanding of the regulations and the importance of comprehensive record keeping. All staff undergo pre-employment checks to ensure they were fit to work at the clinic, complete a 90-day probation period and are issued a contract of employment.

Policies had been reviewed and signed by the registered manager with a record of version history. Regular audits are conducted to drive improvements in services. There was a complaints procedure in place which included a log kept and reviewed by the registered manager to identify any emerging themes or training issues. However, verbal complaints were not always recorded contemporaneously.

This is what we recommend the service can improve:

- Employee liability insurance to be on display where employees can easily see it
- Staff to sign individual policy documents to confirm they have read and understood the policy and any subsequent reviews
- Verbal complaints to be recorded at the time by staff receiving the complaint.

This is what the service did well:

- Evidence of continuing professional development of both staff and management
- Regular review of feedback and audits to improve service.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service. In total, we received 18 completed questionnaires.

All respondents who completed a HIW patient questionnaire rated the service provided by the practice as 'very good' or 'good'.

One patient told us:

"...the service, quality and management at City Skin Doctor is well above average."

Dignity and respect

Most respondents (15/18) told us they were treated with dignity and respect.

We saw that City Skin Doctor Clinic had one laser treatment room situated downstairs. We found the room to be clean, tidy, and uncluttered. The room had a lockable door where patients could change in privacy. Towels were provided for patients to use throughout treatments to protect dignity. It was confirmed that the door was locked during treatment to maintain privacy.

We found the service to be respectful of cultural sensitivities with a chaperone service available as necessary. As an alternative patients could request to attend with their own chaperone by prior arrangement.

Consultations with patients were carried out in a designated consultation room to ensure confidential information could be discussed in private.

Communicating effectively

The registered manager provided us with hard copies of the clinic statement of purpose and patients' guide. The statement of purpose did not contain an outline of the complaints process and was therefore not compliant with the regulations.

We recommend the service updates the Statement of Purpose to include the arrangements for dealing with complaints as set out in Regulation 24.

We found that the patients' guide did not contain all the necessary information as required by the regulations and therefore required review. The complaint procedure was summarised within the patients' guide however a summary of patient feedback, the contact details for HIW and the most recent inspection report were all missing. Additionally, it did not contain clear guidelines for payments for treatments, however, a separate price list was available in the reception area.

We recommend that the service update the patients' guide to ensure compliance with the regulations.

The clinic had a website and leaflets were available at the premises.

The registered manager and staff are able to communicate in several languages helping to meet the needs of their patients. Provision for interpreters of other languages can be made by prior arrangement.

Patient information and consent

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. Patient information leaflets were available.

We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

During the inspection, we reviewed a sample of five patient records. There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment at each appointment and medical history review.

We asked to see the laser treatment register as required by the regulations. The registered manager informed us that they did not have one as it was contained within the individual patient records. These were seen to record all necessary entries as required by the regulations.

We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured that the human rights of transgender patients would be actively upheld.

There was good access to the building, however, access for people with reduced mobility is restricted due to stairs leading down into the laser treatment room. There is no reference to this access issue within the clinic's literature.

We recommend that the clinic ensure accessibility issues are included in the statement of purpose and be communicated to patients with mobility issues on initial contact.

Citizen engagement and feedback

We were told by the registered manager that patient feedback about the service could be provided via the feedback box in reception, through email and via online reviews and social media. However, at the time of the inspection, there was no provision to make patients aware of the results of feedback other than by direct one-to-one communication, clearly excluding those who provide feedback anonymously.

The registered manager must update the patients' guide to include a summary of the views of patients and others involved with the service, in accordance with the regulations.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw that Portable Appliance Testing (PAT) had been conducted to help ensure that small electrical appliances were safe to use. However, the building electrical wiring check had not been undertaken within the last five years. We were advised that the premises did not have a gas supply.

The registered manager must arrange for the five yearly wiring inspection to be conducted and forward evidence that this has been completed.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced annually and fire exits were clearly signposted. However, we saw that outside the rear fire exit, the yard was overgrown which potentially restricted an adequate means of escape in the event of a fire.

We recommend the registered manager cuts back overgrowth in rear yard to ease evacuation via this fire exit.

We were told that regular fire alarm tests and drills were taking place with records for the fire drills available during the inspection. The registered manager confirmed they had conducted internal fire safety training. However, we found that a fire risk assessment was not available for the Cardiff premises.

The registered manager must ensure a fire risk assessment is conducted specific to the Cardiff premises and forward a copy to HIW once complete.

There was an emergency first aid kit available with contents in date. Staff were trained in first aid.

Infection prevention and control (IPC) and decontamination

All respondents who completed a HIW patient questionnaire rated the clinic as very clean or fairly clean and all believed infection Prevention and Control measures were being followed.

We saw that the clinic was visibly clean and tidy although we saw one chair in the consultation room and one in the laser treatment room that were worn and damaged that could pose an infection control risk.

We recommend that the chairs are either repaired or replaced to enable adequate cleaning.

We discussed the infection control arrangements with the clinic manager and registered manager and considered, apart from the two damaged chairs, these to be appropriate to protect patients from cross infection. We saw cleaning schedules indicating a daily regime, however this was quite rudimentary and failed to give any detail, for example which rooms or what equipment had been cleaned.

We recommend the service implements a more detailed cleaning schedule to evidence that the IPC policy is complied with.

We saw that there was a clinical waste disposal contract in place with an approved waste carrier.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years old. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any safeguarding issues. Policies were in place for safeguarding vulnerable adults. There were clear procedures to follow in the event of any safeguarding concerns which included the local safeguarding referral team contact details. We saw evidence that staff had received training in adult safeguarding.

The registered manager explained that if any children are brought onto the premises by a patient, the children must always be accompanied by another adult.

Medical devices, equipment and diagnostic systems

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and up-to-date local rules detailed the safe operation of the machine. The local rules had been recently reviewed by the LPA and signed by the laser operators.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager confirmed that the treatment room door is locked when the machine is in use to prevent unauthorised access. We

were told that the machine is kept secure at all times and can only be activated by a key kept in the staff's possession, preventing unauthorised operation.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety. The registered manager also regularly uses staff meetings to obtain internal feedback and opinions for improvements.

Records management

We found that patient records were kept securely at the service. We examined five samples of patient records and found that these were maintained to a good standard.

Quality of Management and Leadership

Governance and accountability framework

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and review dates. Any changes to policies or procedures are brought to the attention of staff via staff meetings and in-house training for which certificates of attendance were issued.

We were advised by the registered manager that there were clear lines of accountability at the clinic, and staff were clear about their roles and responsibilities. There was no certificate of Employers' Liability Insurance on display.

The registered manager must ensure an up-to-date Certificate of Employers' Liability Insurance is on display where staff can easily see it.

Dealing with concerns and managing incidents

There was a detailed complaints policy in place.

We saw that the clinic has a system in place to log formal and informal complaints and concerns. We were advised that verbal complaints received by staff would be passed to the registered manager at some point to put onto the system, however as the registered manager also works at their premises in London this raises the possibility that complaints may be forgotten and unrecorded.

The registered manager should consider giving staff access to the complaints log to record verbal complaints at the time of receipt.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users of the laser machine had completed the Core of Knowledge training and device specific training by the manufacturer on how to use the laser machine. We were told that staff were encouraged to attend additional training and any relevant conferences. We saw various training certificates confirming continuing professional development of staff.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Vacant posts are advertised, with applicants interviewed and references sought where possible. Newly appointed staff are subject to Disclosure and Barring Service (DBS) checks and have to undergo a

probation period. Authorised operators of the laser machine must complete the appropriate training.

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 during this inspection			

Appendix B - Immediate improvement plan

Service: City Skin Doctor Clinic

Date of inspection: 11 July 2023

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 immediate improvement plan was required for this inspection.				

Appendix C - Improvement plan

Service: City Skin Doctor Clinic

Date of inspection: 11 July 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 registered manager must ensure the patients' guide is updated in compliance with the regulations. To include: <ul style="list-style-type: none">• Cost of courses of treatment• Summary of feedback• HIW contact details	Regulation 7 of the Independent Health Care (Wales) Regulations 2011	All the required information have been added to the patient's guide already.	E Feghenaby	completed
The registered manager must ensure that patients individual needs and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include:	Regulation 15(1a) The Independent Health Care (Wales) Regulations 2011	Statement of purpose will be updated accordingly to address access issues.	E Feghenaby	30/08/23

<ul style="list-style-type: none"> Information contained within the Statement of Purpose to notify patients of the access issues inside the clinic. 				
<p>The registered manager must maintain a register recording each occasion laser treatments are provided:</p> <ul style="list-style-type: none"> It is recommended that the register be specific to the device rather than being separated into individual patient files. 	Regulation 45 (2) of the Independent Health Care (Wales) Regulations 2011	There will be a separate list of patients who receive Candela treatment.	E Feghenaby	22/08/23
The registered manager must ensure 5 yearly wiring inspection is conducted	Regulation 26 (2)(a) of the Independent Health Care (Wales) Regulations 2011	Wiring Inspection has been done by electrician and certified. Awaiting certificate.	E Feghenaby	30/08/23

Remove overgrowth at rear of premises to ease evacuation via rear fire exit	<p>Regulation 26 (2)(a) of the Independent Health Care (Wales) Regulations 2011</p> <p>Reg 14 (1) Regulatory Reform (Fire Safety) Order 2005</p>	Email Confirmation of cleaning up the trees and bushes overgrowth has been received from the estate agent and will be actioned next week.	E Feghenaby	30/08/23
Fire risk assessment relating to Cardiff premises	<p>Regulation 26 (2)(a) of the Independent Health Care (Wales) Regulations 2011</p> <p>Reg 9 (1) Regulatory Reform (Fire Safety) Order 2005</p>	Fire risk assessment already performed and certificates in place since 15/07/23	E Feghenaby	completed

It is recommended that the service repair or replace worn chairs in treatment and consultation rooms to facilitate infection control procedures.	Reg 15 (8)(c)(i) of the Independent Health Care (Wales) Regulations 2011	All worn off chairs been replaced to address infection control.	E Feghenaby	Completed
The registered manager must ensure cleaning schedules are kept detailing items, areas, frequency and be signed as confirmation	Reg 15 (8) of the Independent Health Care (Wales) Regulations 2011	Detailed cleaning schedule is now in place according to the guidelines with specific areas within the clinic.	E Feghenaby	Completed
The registered manager must ensure an up-to-date Certificate of Employers' Liability Insurance is on display	Employers' Liability (Compulsory Insurance) Act 1969	An updated version of Employer's liability insurance now on display.	E Feghenaby	Completed

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): Ebrahim Feghenaby

Job role:	Manager
Date:	21/08/23