

Independent Healthcare Inspection Report (Announced)

SYWL Aesthetics and Skin Clinic,
Flint

Inspection date: 18 July 2023

Publication date: 18 October 2023



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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 978-1-83504-889-4

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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:

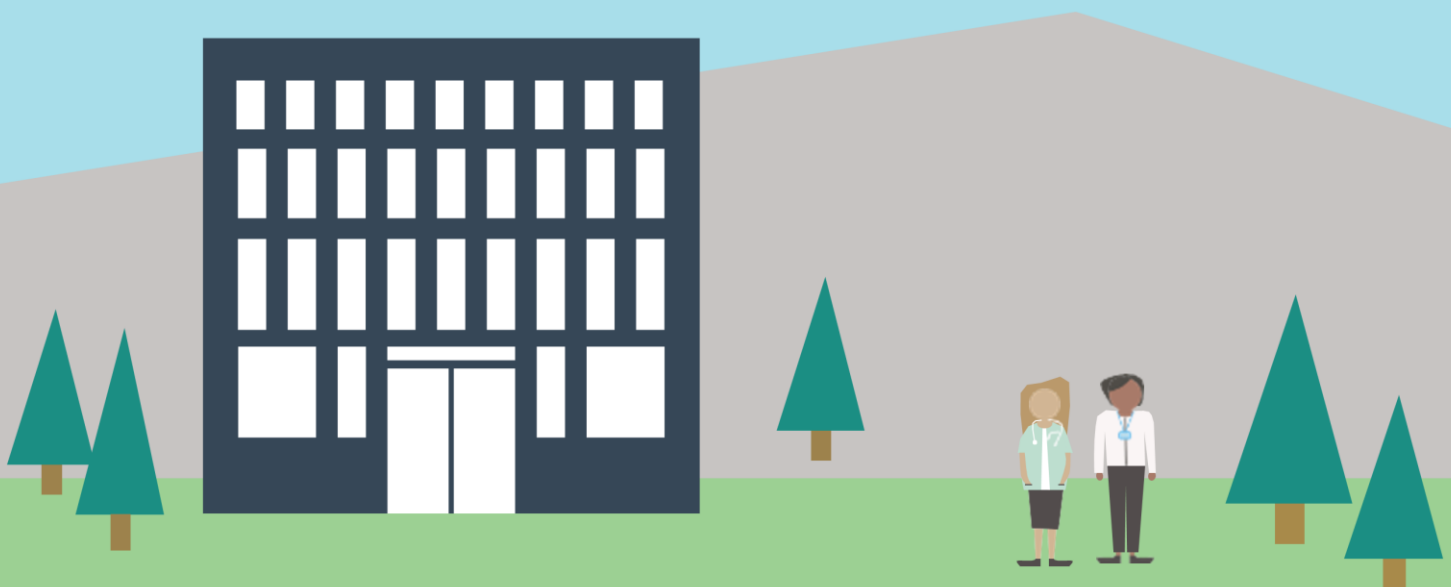
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 SYWL Aesthetics and Skin Clinic on 18 July 2023.

The inspection was conducted by two HIW Healthcare Inspectors.

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:

We found that SYWL Aesthetics and Skin Clinic was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- The clinic had a system in place for seeking the views of patients.

This is what we recommend the service can improve:

- Recording of the laser shot count within the treatment register and patients individual records.

Delivery of Safe and Effective Care

Overall summary:

We found that SYWL Aesthetics and Skin Clinic was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machines were used appropriately and safely.

The registered manager was knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- Patients were satisfied with the treatments and services provided
- Patients' notes were of a good standard.

This is what we recommend the service can improve:

- Ensure that the fire extinguisher is serviced annually
- Ensure that regular fire drills are conducted
- Ensure that cleaning schedules are developed and maintained for the premises.

Quality of Management and Leadership

Overall summary:

SYWL Aesthetics and Skin Clinic has an established team with good leadership and clear lines of accountability.

The day to day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care.

This is what the service did well:

- Authorised users of the laser machines had completed the Core of Knowledge training and training on how to use the laser machines
- Patient information was kept securely

- All staff worked well together as part of a team.

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 provided. In total, we received 15 responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Absolutely loved the treatment. The results are very effective after one treatment I could see the difference after a couple of weeks! I’m made up with it. Very professional.”

“It’s very clean and friendly.”

Health protection and improvement

There was little health promotion material displayed within the clinic. We were told that this would be covered during the consultation where the healthcare professional would discuss options directly with patients.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

We saw that the door to the treatment room was lockable, and staff confirmed they locked the door during treatment to maintain privacy. Patients were provided with privacy towels to protect their dignity and were left alone to undress if necessary.

Consultations with patients were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that staff listened to them and answered any questions.

There was a space available for staff to have conversations with patients in private if required, to maintain confidentiality.

Communicating effectively

A statement of purpose and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

The clinic has a website and leaflets which provide information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

Patient information and consent

All patients who completed a questionnaire agreed that staff listen to them during their appointment and that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

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. Detailed 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.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

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 and medical history.

A treatment register was maintained and treatment information was also recorded within individual patient files. However, we found that the shot count was not being recorded within the treatment register nor in patient files.

The registered manager must ensure that the shot count is recorded within the treatment register and patients' individual records.

All patients who responded to the questionnaire confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment. Patients also confirmed that they signed a consent form before receiving new treatment.

Equality, diversity and human rights

There was good access to the building. However, access for people with reduced mobility could be restricted due to stairs leading up to the laser treatment room.

There are also ample car parking facilities at the premises.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patient feedback analysis is published on the clinic website demonstrating that feedback is acted upon and is used to influence changes to service delivery.

Patients could provide feedback at the end of each treatment via a questionnaire and on social media. Feedback and comments could also be made anonymously.

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 electrical appliances were safe to use. We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety. We found that the fire extinguisher located by the laser treatment room was due to be serviced in August 2023. We were informed that a new fire extinguisher will be purchased. Fire exits were clearly signposted.

The registered manager must ensure that the fire extinguisher is serviced annually or replaced.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. We were told that regular fire alarm tests were taking place. However, no fire drills have been undertaken to date.

The registered manager must ensure regular fire drills are conducted.

We also found that both laser operators require to complete fire safety training.

The registered manager must ensure that both laser operators undertake fire safety training.

There were two emergency first aid kits available, and we were informed that one member of staff was trained in first aid. However, the first aid certificate was not available on the day of inspection.

The registered manager must forward the first aid certificate to HIW.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean, tidy and well organised. We discussed the infection control arrangements in place with the registered manager, including daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection. However, we recommended that the registered manager maintains detailed cleaning schedules to evidence the cleaning arrangements, which they agreed to introduce.

The registered manager must ensure that cleaning schedules are developed and maintained.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean.

Clinical waste was disposed of appropriately and we saw that there was a 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 the safeguarding of 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. However, the safeguarding certificate for one of the laser operators was not available during the inspection.

The registered manager must forward the safeguarding certificate for the laser operator to HIW.

Medical devices, equipment and diagnostic systems

There were treatment protocols in place for the use of the laser machine which had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly 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 also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times and can only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the LPA. However, a risk management policy was not available for us to view on the day of inspection.

The registered manager must forward a copy of the risk management policy to HIW.

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, and plans are in place to conduct audits of records to ensure consistency of information.

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 / or review dates. Any changes to policies or procedures are brought to the attention of staff.

We were informed by the registered manager that there were clear lines of accountability at the clinic, and staff were clear about their roles and responsibilities.

Dealing with concerns and managing incidents

There was a detailed complaints policy in place. The complaint procedure was also included within the statement of purpose.

The practice had a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints or concerns had been received by the clinic.

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 training by the manufacturer on how to use the laser machines.

Workforce recruitment and employment practices

We saw evidence that both laser operators had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard 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 summarises 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: SYWL Aesthetics and Skin Clinic

Date of inspection: 18 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.				

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:

Appendix C - Improvement plan

Service: SYWL Aesthetics and Skin Clinic

Date of inspection: 18 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
We found that the number of shot counts used to treat each patient was not being recorded within patient records nor captured in the treatment register.	The registered manager must ensure that the shot count is recorded within patients' individual records and captured in the treatment register.	Regulation 19, 23 and 45	This is now being recorded.	Katie / Jody	Completed
We found that the fire extinguisher was due to be serviced in August 2023 to ensure it has not become depressurised and safe to use should there be a fire.	The registered manager must ensure that the fire extinguisher is serviced annually.	Regulation 26	Fire extinguisher has now been replaced.	Katie / Jody	Completed

We found that no regular fire drills have been conducted to ensure staff and patients are able to evacuate the premises in a timely way.	The registered manager must ensure regular fire drill are conducted.	Regulation 26	Fire drills are now bring done.	Katie / Jody	Completed
We found that both laser operators required fire safety training.	The registered manager must ensure that both laser operators undertake fire safety training.	Regulation 26	Evidence of both have now been submitted.	Katie / Jody	Completed
No training certificate was available to evidence that the appointed first aider had received appropriate first aid training.	The registered manager must forward the first aid certificate to HIW.	HSE guidance - Health and Safety at Work Regulations	Evidence has now been submitted.	Katie / Jody	Completed
We found that no cleaning schedules are maintained to evidence the premises had been cleaned.	The registered manager must ensure cleaning schedules are developed and maintained for the premises.	Regulation 9 and 15	Cleaning is carried out weekly by professional cleaning company, this is now been recorded.	Katie / Jody	Completed

No training certificate was available to evidence that one of the laser operators had received appropriate safeguarding training.	The registered manager must forward the safeguarding certificate for the laser operator to HIW.	Regulation 9	Evidence has been submitted.	Katie / Jody	Completed
Risk management policy was not available on the day of inspection.	The registered manager must forward a copy of the risk management policy to HIW.	Regulation 9	We are undergoing this task.	Katie / Jody	07/10/23

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): Katie Tuft/Jody Murphy

Job role: Directors

Date: 07/09/2023