

Independent Healthcare Inspection Report (Announced)

Wish Skin Clinic Limited, Port
Talbot

Inspection date: 16 October 2023

Publication date: 16 January 2024



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 978-1-83577-393-2

© Crown copyright 2024

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:

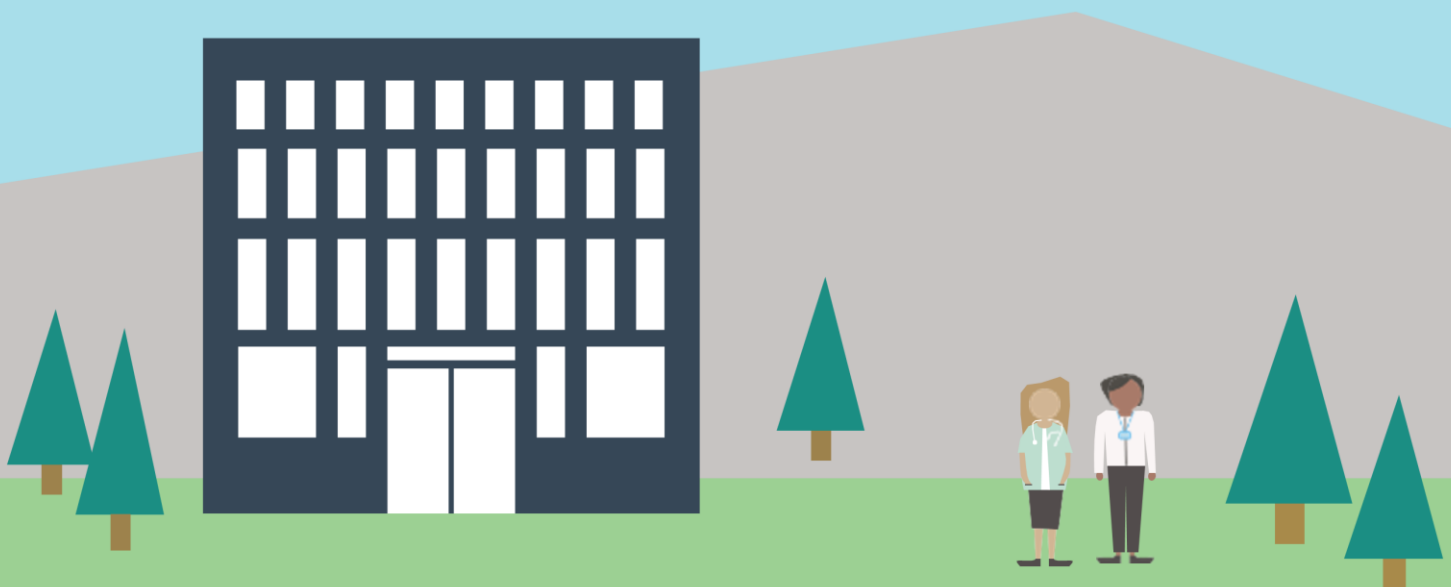
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	15
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan	21

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 Wish Skin Clinic Limited Company on 16 October 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 eight were completed. We also spoke to staff working at the service during our inspection. 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:

We found Wish Skin Clinic Limited was committed to providing a positive experience to their patients in an environment which was clean, modern and welcoming. There were processes and systems in place to ensure patients were being treated with dignity and professionalism.

The service provided patients with detailed information pre-procedure enabling them to make informed decisions about their treatment. The statement of purpose and patient information guide provided to us by the registered manager met regulatory requirements. Patient feedback in the questionnaires and online reviews were very positive.

This is what we recommend the service can improve:

- Expand selection of information available to patients, taking into consideration the communication needs and wishes of the patient
- Implement a process to inform patients of feedback results.

This is what the service did well:

- Disabled access to the service
- Modern and welcoming environment
- Arrangements in place to protect patient privacy
- Comprehensive patient records.

Delivery of Safe and Effective Care

Overall summary:

We found the service to be well organised, clean and free from visible hazards. There were suitable arrangements in place to ensure patients were provided safe and effective care. Treatments were carried out in good size rooms located on the ground floor. All rooms protected the dignity and privacy of the patients.

We found appropriate infection control arrangements in place at the service and well completed cleaning schedules.

There was evidence of annual servicing of the fire extinguishers and recent fire and environmental risk assessments were in place for the premises. There was appropriate first aid equipment on site and there were suitably trained staff.

There were good arrangements in place to ensure that the laser machines were used appropriately and safely. All laser operators were fully trained in their use. The registered manager was knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

Patient records were found to be of a good standard and easy to navigate. All records and patient identifying information was being stored securely.

This is what we recommend the service can improve:

- Undertake regular fire tests and fire drills for the building
- Review documentation retention periods in line with regulations.

This is what the service did well:

- Medical protocols were in place and being adhered to
- Patient information was being stored securely
- Treatment rooms were clean and well equipped
- The laser machines were serviced and maintained appropriately to ensure safe treatment.

Quality of Management and Leadership

Overall summary:

We found the registered manager and her staff team worked well together and were very committed to providing a good standard of care for their patients.

There was evidence of a comprehensive induction process, with good compliance to staff recruitment procedures. Our review of mandatory training compliance found this to be good overall.

Various policies and procedures were in place and these were reviewed in line with specified timeframes. However, not all policies were version controlled or signed as having been read.

Team meetings were taking place regularly and feedback was via minutes for those absent. The registered manager also had processes in place to assess and monitor the quality of the services provided and reported on the findings.

This is what we recommend the service can improve:

- Policies must be signed and version controlled
- 'Record of review' by staff to be added to policy folder
- Ensure DBS certificates are valid and retained on file.

This is what the service did well:

- Comprehensive induction process
- Regular appraisals for all staff
- Annual reports as set out in regulation 19 of the Independent Health Care (Wales) Regulations 2011 were completed.

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 hand out HIW questionnaires to patients to obtain their views on the care and treatments provided. In total, we received eight completed questionnaires. All except one of the respondents indicated that they had visited the service within the last two months. The other, received treatments between two and twelve months ago. Some of the comments provided by patients on the questionnaires included:

“The clinic is very well kept. All information is explained in advance. Staff are very friendly.”

“I have been attending this clinic for a few years now and I always feel confident and always informed on any treatments I have. I am always advised honestly if I require, or not, the treatments I am interested in.”

“Excellent Service”

Dignity and respect

We were told by staff that patients were always treated in a dignified and respectful manner. We saw that the service had two registered lasers in use, in separate rooms. Treatment rooms were found to be clean, uncluttered and well equipped. Both treatment rooms had lockable solid entrance doors that were used when the room was occupied and if the patient wished to change their clothes. Windows were fitted with suitable blinds for privacy. Where required, towels were available to patients to preserve their dignity throughout treatments.

All patients who completed a HIW questionnaire ‘strongly’ agreed that measures were taken to protect their privacy and that they were treated with dignity and respect.

Communicating effectively

The patient information guide and the price lists for treatments were available at the service and online. Both the statement of purpose and patients’ guide complied with the relevant regulations.

Bookings for treatments could be made via the service's website, over the telephone, or in person at the service.

The service was registered with translation services and could access these where required. Whilst there were no Welsh speaking staff at the time of inspection, we were advised that the next meeting agenda included the offer of training in Welsh language for all staff.

All patients who completed the questionnaire answered that they had been involved as much as they wanted to be in decisions about their treatment and felt listened to during their appointment.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. We viewed a sample of five patient records and noted the discussions held between staff and patients during face-to-face consultation which took place prior to any course of treatment. Information around the risks, benefits, and likely outcomes of treatments were discussed at that consultation. Patients would electronically sign to indicate their consent to treatment on iPads used to complete the consultation. This consultation and consent would include confirmation of any changes to the patients' medical health since any prior treatment.

Care planning and provision

All records reviewed during the inspection were comprehensive and easy to navigate, with all areas of the patients' treatment journey recorded, including details from the initial consultation, patch tests and consent to treatment. Additionally, the potential risks, side effects and likely outcomes of the treatment were all captured.

We saw that the patient's medical history was completed prior to commencement of the first and all subsequent treatments. All patients who completed the HIW questionnaire indicated they had their medical history checked before undertaking any treatment.

Equality, diversity and human rights

We were provided with examples of how the service treated all patients and staff equally and always upheld their rights. Examples included accommodating patients who had mobility issues, height adjustable beds, or where a patient was undergoing gender transition, their choices of pronouns were used. Chaperones would also be used where desired, such as a family friend or trained staff member.

Treatment rooms were located on the ground floor which allowed for patients with mobility requirements to be treated easily. We also saw that the service had an

equality and diversity policy in place, which referenced the Equality Act 2010.

Documentation was only available in English. However, we were advised that if a patient sought information in another language arrangements to facilitate this would be made, so far as reasonably practicable.

The registered provider should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.

All patients that answered the patient questionnaire indicated they had not faced any discrimination when accessing or using this service.

Citizen engagement and feedback

The registered manager described the mechanisms in place to obtain the views and feedback of patients after each treatment, including an email post treatment with an embedded feedback link and a comments box in the reception. We saw that there were thirty-five online reviews for this service, all of which were five stars. We were told that the registered manager monitored all forms of feedback, and this was used to review and improve the service as required.

Whilst patient feedback was encouraged, the setting did not appear to have a process to inform patients of the results of this feedback.

The registered manager must implement a process similar to a ‘you said, we did’ board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.

Delivery of Safe and Effective Care

Managing risk and health and safety

Arrangements were in place to protect the safety of visitors to the premises. We found the service to be well organised, clean and free from visible hazards.

There were recent fire and environmental risk assessments in place for the premise and we viewed the certificates in place for gas safety, electrical wiring and also PAT testing of electrical equipment. There was appropriate first aid equipment in place, alongside an accident book in the reception area, also all staff held certificates for the completion of first aid training.

We saw evidence of annual servicing of fire extinguishers and staff had received training in their use. Fire drills were taking place jointly between the clinic and the neighbouring dental practice; however, none were in place for the building independently.

The registered manager must ensure that the service undertakes regular fire tests and fire drills for the building independently of the dental practice.

Infection prevention and control (IPC) and decontamination

All treatment rooms at the service were inspected. These were visibly clean, free from clutter and appeared well equipped.

The registered manager described the infection control arrangements in place at the service and produced evidence of cleaning schedules to this effect. The arrangements included daily checks of each treatment room with time blocked out per day for this to take place. There were additional weekly and monthly infection control measures in place.

We viewed the policy in place for IPC. This policy included information on sanitising the laser machines, hand pieces and eyewear along with appropriate hand hygiene methods. Furthermore, it explained arrangements for the sanitising of the equipment, patient treatment tables and work surfaces prior to and post use of the treatment room.

Sharps disposal bins were located in each treatment room and were dated, signed and stored appropriately. We viewed contracts for the disposal of clinical waste through an external provider and general waste was arranged through the local council.

All patients who completed the HIW questionnaire indicated the premises were

‘very clean’ on their visit and felt that IPC measures were being followed, indicating no concerns over cleanliness.

Safeguarding children and safeguarding vulnerable adults

Systems and documentation were in place to support the safeguarding of vulnerable adults and children. Whilst children were not currently being treated at the premises, the service was registered to treat children over the age of 16 years. There was evidence of appropriate safeguarding training for all staff.

We viewed the safeguarding policy in place which detailed the appropriate steps to follow in the event of a safeguarding concern. The policy included all necessary information, including contact details for the local authority safeguarding team. The document was updated in accordance with the All-Wales Safeguarding Protocol.

Medical devices, equipment and diagnostic systems

During the inspection we viewed the two registered lasers in use at the service. All appropriate arrangements were in place to protect the safety of patients and staff when using the lasers.

A contract was in place with a certified Laser Protection Advisor (LPA) who provided advice and support on the safe use of the laser machines. Local rules were in place and had been reviewed by the LPA within the last two months. The laser machines were serviced annually. Appropriate eye protection was available in each room for patients and trained operators.

There were individualised treatment protocols in place for the use of the laser machines which had been created and approved by an expert medical practitioner. Both laser machines were key operated and the keys were removed when the machines were not in use. The keys would always be kept on the operator between patients or placed into key storage in a locked room.

Safe and clinically effective care

We saw evidence that all laser operators were trained in the use of the laser machines. Core of Knowledge training had been completed by the relevant staff within the last year and we saw certification of training to confirm this. Training from the manufacturer of the laser machines on how to operate them safely had been completed and refresher training had been booked for the month post inspection. Treatment rooms were fitted with a lock to ensure patient and operator safety during treatments, with appropriate signage displayed on the treatment room doors to warn people not to enter when the laser machine was in use.

The registered manager told us that patients received a patch test for their safety prior to any treatments starting which determined the likelihood of adverse reactions. We also saw evidence of this in the patient records we reviewed. All patients who completed the HIW questionnaire confirmed that they had been given a patch test prior to receiving laser treatment.

Participating in quality improvement activities

Staff demonstrated comprehensive knowledge and understanding of the treatments provided and had recognised qualifications in this area of practice. The registered manager advised that staff were keen to continue to develop their learning to improve the quality of services provided, this was evident in notes of discussions held at appraisals. The registered manager discussed the importance of post treatment observations and follow-ups with patients to aid improvements in the care provided throughout the course of planned treatments.

Records management

From the records and documentation reviewed, we saw evidence of good record keeping. The sample of records were sufficiently detailed and very clear to follow. All elements of the records reflected the patients' journey pre and post treatments. Patient treatment logs were being completed alongside the main records on the iPads at the service. Records were kept in a well organised manner and were kept securely when not in use. However, we found that retention periods of documents differed slightly.

The registered manager must review documentation and ensure that all data retention periods follow those stipulated in the relevant regulations.

Quality of Management and Leadership

Governance and accountability framework

Wish Skin Clinic was overseen by the registered manager and was supported by a team of staff, two of which were qualified laser operators.

Evidence was provided showing that the registered manager had completed an annual report in accordance with regulation 19 (3) of the Independent Health Care (Wales) Regulations 2011. This related to assessing and monitoring the quality of service provision. In addition, the service had an up-to-date employer and public liability insurance certificate displayed.

We saw evidence that audits of practice were being conducted. These included record keeping audits and audits of clinical practice. We were informed that any changes or adjustments required following these audits would be actioned accordingly.

We viewed several policies, which we considered met the needs of the service. We noted these policies had been recently reviewed to ensure their on-going effectiveness. All policy or procedural changes were discussed at regular team meetings, or via an online application. Staff were required to read and mark that they had seen the updates electronically. However, we noted that the electronic record of review or staff signatures, as confirmation that staff had read policies, were not present in the hard copy folder. We also noted some printed policies were not version controlled.

The registered manager must ensure that:

- All policies are signed, dated for review and version controlled
- The electronic 'record of review' of policies by staff are added to the hard copy policy folder.

All staff were clear about their roles and responsibilities, and there were clear reporting lines in place. Regular team meetings were taking place and the occasional additional meeting or 'huddle' were called sooner if required. We viewed several months' worth of minutes taken at the team meetings and noted there was a standing agenda to include "any other business".

Dealing with concerns and managing incidents

The full process for making a complaint was explained in detail by the registered manager and we viewed the complaints policy which included all relevant details

including details of HIW as required. There were appropriate processes in place for managing concerns and incidents. The services' website and patient information guide also detailed the complaints process.

There was a system in place to log formal and informal complaints. At the time of inspection there had not been any HIW reportable incidents. The registered manager also told us that patients were always contacted to provide feedback following their treatment.

Workforce planning, training and organisational development

The registered manager described the induction process for new staff. This involved formal training, periods of shadowing qualified staff, followed by practical work including assessing skin types for lasers. Supervision formed part of induction and competencies would be signed off gradually, with the service extending the time for this, where required, or providing additional training if necessary.

All staff would be subject to a probationary period and regular supervisions at three months, six months and twelve months in the first year. Once suitably trained or qualified, random checks were also carried out by the registered manager on the care and treatments provided by staff.

All staff were supported within the remit of their roles and formal qualifications were attained by all laser operators. The registered manager confirmed that an annual appraisal was completed for all staff regardless of their role at the service, which also helped to keep staff motivated and to identify any further training areas that may be required.

We reviewed a range of training documents and qualification certificates including Core of Knowledge training and training by the manufacturer on how to use the laser machines for all authorised users. These confirmed staff were suitably qualified to operate all the lasers. The service confirmed device specific refresher training was due to take place for relevant staff in the month post inspection.

Workforce recruitment and employment practices

The registered manager was able to describe the recruitment process for new staff. Appropriate pre-employment checks and evidence of relevant qualifications prior to providing any treatments was provided.

We saw evidence that staff were compliant with the statutory regulation and revalidation requirements and had appropriate supervision in place until competence was achieved.

All staff had appropriate Disclosure and Barring Service (DBS) certificates in place.

One DBS was in the process of being renewed due to a change in circumstances and the registered manager advised this would be updated and retained on file once received.

The registered manager must ensure all DBS certificates remain valid and are retained on file when received, as per current practice.

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 on this inspection.			

Appendix B - Immediate improvement plan

Service: Wish Skin Clinic Limited

Date of inspection: 16 October 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 assurance issues were identified on 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: Wish Skin Clinic Limited

Date of inspection: 16 October 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 provider should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.	The Independent Health Care (Wales) Regulations 2011 - Regulation 18	Offer of Welsh language course and/or BSL (British Sign Language) to be made to team at next scheduled meeting.	Laura Morris (RI & RM)	07/12/2023
	National Minimum Standards for Independent Health Care Services in Wales - Standard 18	Enquiries to be made to suppliers for availability on information leaflets in other languages.	Karly Davies - Clinic Supervisor	31/12/2023
		All team members to ask patients their preferred language and to record it.	Karly Davies - Clinic Supervisor	Immediate start - ongoing
		Reminder to all team members that we have translation service available if patients would prefer.	Laura Morris (RI & RM)	Scheduled meeting 07/12/2023

<p>The registered manager must implement a process similar to a 'you said, we did' board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.</p>	<p>The Independent Health Care (Wales) Regulations 2011 - Regulation 19 (2) & 28</p> <p>National Minimum Standards for Independent Health Care Services in Wales - Standard 5</p>	<p>Monthly newsletter templates have been changed to include a section where we include 'You said, we did' and a snapshot of recent feedback.</p>	<p>Karly Davies (Clinic Supervisor)</p>	<p>Completed 02/11/2023</p>
<p>The registered manager must ensure that the service undertakes regular fire tests and fire drills for the building independently of the dental practice.</p>	<p>The Independent Health Care (Wales) Regulations 2011 - Regulation 26</p>	<p>Fire drills have been scheduled quarterly to ensure all team members are able attend annually as a minimum. These are drills specifically for Wish Skin Clinic site and its usual staff and independent of our sister practice.</p>	<p>Laura Morris (RI & RM)</p>	<p>March 2024 June 2024 September 2024 December 2024</p>
<p>The registered manager must review documentation and ensure that all data retention periods follow those stipulated in the relevant regulations.</p>	<p>The Independent Health Care (Wales) Regulations 2011 - Regulation 23 and Schedule 3 & National Minimum Standards for</p>	<p>Review and amend Record Retention Policy period to 8 years in line with regulations.</p>	<p>Laura Morris (RI & RM)</p>	<p>Completed 19/10/2023</p>

	Independent Health Care Services in Wales - Standard 20			
<p>The registered manager must ensure that:</p> <p>All policies are signed, dated for review and version controlled</p> <p>The electronic 'record of review' of policies by staff are added to the hard copy policy folder.</p>	The Independent Health Care (Wales) Regulations 2011 - Regulation 9	<p>Policy folder to have a content sheet of policies to include version number and dates of last and next review. This removes the need for handwritten dates of review on individual policies.</p> <p>Signature sheet in policy folder for all team members to sign.</p>	Laura Morris (RI & RM)	31/01/2024
The registered manager must ensure all DBS certificates remain valid and are retained on file when received, as per current practice.	The Independent Health Care (Wales) Regulations 2011 - Regulation 21 and Schedule 2	All team members to complete an annual declaration form and to register for update service.	Laura Morris	31/01/2024

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): Laura Morris

Job role: Responsible Individual & Registered Manager

Date: 23/11/2023