

Independent Healthcare Inspection Report (Announced)

Sk:n Clinic (Cardiff), Cardiff

Inspection date: 11 June 2024

Publication date: 11 September 2024



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Digital ISBN 978-1-83625-646-5

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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:

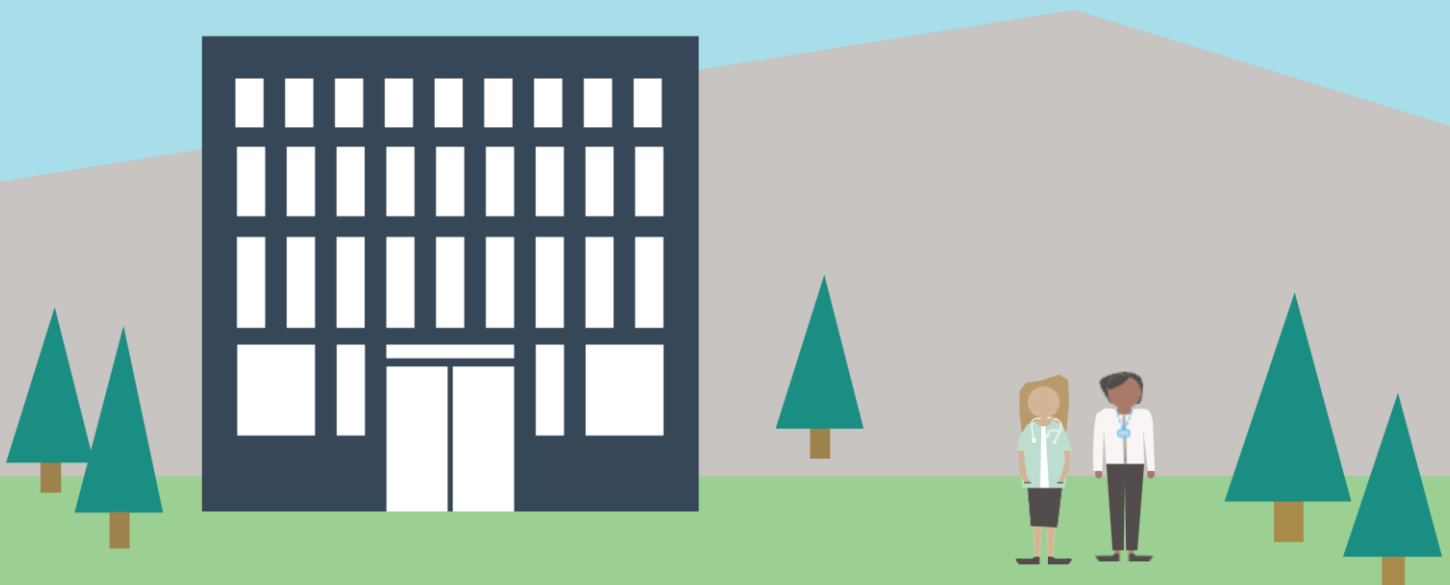
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Sk:n Clinic (Cardiff), 52 Charles Street, Cardiff, CF10 2GF on 11 June 2024.

The inspection was conducted by a HIW Healthcare Inspector.

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 17 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Sk:n Clinic (Cardiff) was committed to providing a positive experience for their patients in a pleasant environment with friendly and professional staff.

We found systems and processes in place to ensure patients were being treated with dignity and professionalism. However, there were steps into the premises which made access difficult for patients with mobility impairment.

We found patients were given sufficient information to make an informed decision about their treatment and found consent was obtained prior to each treatment. There was access to language services for patients whose first language was not English.

We saw evidence of good record keeping processes which included a comprehensive medical history for each patient.

All respondents who answered the question on the HIW questionnaire rated the service as very good.

This is what we recommend the service can improve:

- To review the statement of purpose and patients' guide to ensure the access issue is communicated to all patients.

This is what the service did well:

- Chaperones were offered as part of the pre-treatment email sent to patients
- The website contained lots of information and guidance
- Images were taken at each appointment to evidence the progress of treatment
- All patients were sent a customer satisfaction email following an appointment.

Delivery of Safe and Effective Care

Overall summary:

We found that Sk:n Clinic (Cardiff) was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean with evidence of regular Infection Prevention and Control (IPC) audits.

However, we found a trip hazard in one treatment room that needed to be rectified.

We found good arrangements in place to ensure that the lasers and Intense Pulsed Light (IPL) machines were used appropriately, with suitable eye protection available in each room. Whilst we found one laser machine was overdue a service inspection, we considered appropriate action was taken during the inspection to prevent further use.

Overall, we found good arrangements in place for safeguarding vulnerable adults and children, with an up-to-date policy in place and lead appointed. However, evidence of child safeguarding training was missing for one staff member.

This is what we recommend the service can improve:

- To remove the trip hazard from treatment room (Room 4)
- To ensure all staff have completed both adult and child safeguarding training
- Daily IPL systems check logs to be kept to evidence IPL checks are being conducted
- To service all laser and IPL machines within manufacturers guidelines
- To put in place a system of checks to ensure service and calibration dates are not missed.

This is what the service did well:

- Good compliance with fire safety requirements
- The clinic is deep cleaned every week in addition to daily cleaning processes, with six monthly IPC audits conducted
- Local rules were appropriately marked to indicate which operator was trained on which machine
- Up-to-date electronic medical records policy which covered all aspects of records management
- Patient records were kept securely.

Quality of Management and Leadership

Overall summary:

Sk:n Clinic (Cardiff) has a dedicated 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.

We found a comprehensive range of policies and procedures which had been reviewed within the last year and saw evidence of regular staff meetings.

There was an appropriate complaints procedure in place with evidence of well documented responses completed in accordance with the clinic policy.

This is what we recommend the service can improve:

- To record a list of attendees and any identified action points within team meeting minutes.

This is what the service did well:

- A range of comprehensive well written policies with full version history
- Detailed complaints procedure in place to deal with patient concerns
- A comprehensive documented recruitment process in place.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 17 completed questionnaires.

Some of the comments provided by patients on the questionnaires included:

“I would change nothing. All the staff are incredibly kind, welcoming, and accepting. I feel comfortable and valued with every appointment.”

“Very sweet and understanding staff, fully informed me about the treatment. Treated in a clean and private area, no complaints.”

“The staff have been fantastic throughout and I am so grateful to (staff) for making me so comfortable and especially for always fighting for me when issues have come up around my disability. I also appreciate how welcoming the clinic is to transgender people.”

Dignity and respect

We saw that Sk:n Clinic (Cardiff) had seven treatment rooms located over several floors. We found each room to be very clean, tidy, and uncluttered. The rooms had lockable doors enabling patients to change in privacy and each room had appropriate window coverings. Disposable sheets were available for patients to use throughout treatments to protect their dignity.

We were told that chaperones were offered as part of the pre-treatment email sent to patients. These could be provided by the clinic if necessary, and that staff were appropriately trained to act in this capacity. Alternatively, patients were able to bring a family member or friend to act as a chaperone.

All respondents who answered the HIW questionnaire said they were treated with dignity and respect and felt staff listened to them and answered their questions.

Whilst there was a treatment room and patient toilet on the ground floor, there were several steps into the premises from the street with further steps to access the patient treatment areas making access difficult for patients with impaired

mobility. The premises were not considered wheelchair accessible. This access issue is indicated on the clinic website.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager. Whilst we found these to be largely compliant with the regulations, there is no reference to the access issue as mentioned above. A copy of each was readily available in a patient information folder in the waiting area.

We recommend that the clinic review the statement of purpose and patients' guide to ensure the accessibility issue is communicated to patients with impaired mobility.

We found documentation only available in English, but the registered manager confirmed they can get copies translated into other languages including Welsh and provide easy read and braille versions if required. The clinic had a Welsh speaking member of staff who could communicate in medium of Welsh if a patient wished to do so. Communication in other languages could be provided either by phone, video conference or in person using a pre-bookable service.

We reviewed the clinic website and found a large amount of advice, information and guidance relating to the treatments provided and other related matters. There was also a full price guide which included promotional offers.

Appointments for consultations could either be arranged online via the clinic website or by telephone.

Patient information and consent

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. We saw that patients were asked to provide a comprehensive medical history and that any changes to this were checked at each treatment.

We saw evidence that patients were asked to provide signed consent before each treatment.

Care planning and provision

We saw evidence that patients were given a full consultation prior to agreeing to any treatments. This included the risks, benefits, frequency and anticipated number of sessions as well as the expected results. We were told that an email was automatically sent to each patient which included aftercare guidance and a copy of the consent form. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions. Images were taken at each appointment to evidence the progress of treatment.

All respondents who answered the HIW questionnaire said they had received enough information to understand the treatment options and the risks and benefits. All respondents also said that their medical history was checked before undertaking treatment and that they were given a patch test before receiving new treatment. All respondents said they were given adequate aftercare instructions and all but one said they were given clear guidance on what to do and who to contact in the event of an infection/emergency.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. The clinic had an Equality and Diversity policy in place, and we saw evidence that all staff had received appropriate training which included autism awareness.

We were told that the human rights of transgender patients were actively upheld with preferred names and pronouns used as requested. The clinic makes every attempt to keep a patient with the same clinician to ensure continuity of care and services.

Citizen engagement and feedback

We were told that all patients were sent a customer satisfaction email following an appointment. The group marketing team also distributed patient questionnaires several times a year and actively monitored Trustpilot and Google reviews. We saw that these patient reviews were posted on the clinic website.

We were advised that feedback was reviewed daily at a local clinic level and saw that monthly analysis reports were provided by the independent survey provider. These would be discussed at team and management meetings and actioned as appropriate. We were told that results from patient feedback are published on the clinic website.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally. The waiting rooms were located in reception and upstairs and were a good size, comfortable, light and airy. Treatment rooms were modern in appearance and appeared well equipped. Most rooms within the clinic appeared clutter-free and well organised. However, we found one treatment room had a plug inserted into a floor socket. Despite being marked with hazard warning tape, we consider this represented a significant trip hazard.

The registered manager must remove the trip hazard from the treatment room and provide HIW with evidence once complete.

We saw that Portable Appliance Testing (PAT) had been conducted recently and that the premises had a five yearly electrical system inspection in 2023, providing assurance that it was safe to use electrical appliances within the clinic. A current gas safety certificate was in place.

We found that a comprehensive risk assessment had been recently conducted by the Laser Protection Advisor in May 2024.

We inspected the fire safety arrangements and found all to be satisfactory. All fire exits were clear and signposted with emergency lighting throughout the premises. We saw that checks of the fire alarm system were recorded weekly and that fire drills were conducted regularly. We saw fire extinguishing equipment had been serviced within the last 12 months.

We inspected the first aid kit and found all items in date, although some items were close to the expiry date. We saw staff had been appointed and trained as first aid responders.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down. We saw sinks with elbow operated taps, paper towels and hand hygiene posters in each treatment room.

We discussed the infection control arrangements with the registered manager and considered these to be appropriate to protect patients from cross infection. We saw all staff had received IPC training and that cleaning schedules were being maintained. We were told the clinic undergoes a deep clean every week, in addition to daily cleaning processes. There was a comprehensive and up-to-date

infection prevention and control policy in place and evidence of regular six-monthly IPC audits.

We found that a suitable contract was in place for the collection and disposal of clinical waste. We saw clinical waste was securely stored within the premises while awaiting collection.

All respondents to the HIW questionnaire felt that infection and prevention control measures were being followed and rated the setting as very clean.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that this was complied with.

The clinic had a designated safeguarding lead who described how they would deal with any safeguarding issues. An up-to-date safeguarding policy was in place, with clear procedures for staff to follow in the event of any safeguarding concern. This included the contact details for the local safeguarding teams. A quick reference safeguarding guide was available in reception.

The registered manager explained that whilst children were permitted on the premises, they were not permitted within the treatment rooms. Patients were advised on pre-appointment emails that they would need to ensure the child was supervised during treatments, otherwise the patient would be refused treatment and requested to re-schedule the appointment.

We reviewed training records and most staff had completed adult and child safeguarding training. However, we did not see evidence of safeguarding children training for one staff member.

The registered manager must ensure all staff have completed both adult and child safeguarding training.

Medical devices, equipment and diagnostic systems

We saw that the lasers and IPL machines were the same as registered with HIW. The annual service and calibration checks were provided. However, we found one laser machine was overdue a service inspection. Staff told us that they were already aware of this issue, and that the laser machine was no longer being used until undergoing a new service inspection. However, we were concerned that some patients had received treatment from the laser machine after the service expiry date. Further information on this issue, and the actions taken by the service, are provided in [Appendix A](#).

Additionally, we were told daily laser and IPL diagnostics checks were carried out but only logged if there was found to be an error alert. We discussed that all diagnostics checks be recorded to evidence that they had been conducted daily, prior to commencing any treatments.

The registered manager must ensure:

- All laser and IPL machines are serviced in accordance with manufacturer's guidelines
- Put in place a system of checks to ensure service and calibration dates of all laser and IPL machines are not overdue in the future.
- Daily laser and IPL diagnostics checks are being conducted by ensuring they are all recorded once completed.

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of all laser and IPL machine had been reviewed in January 2024. We saw each set of local rules had been countersigned by the relevant operators. We noted that where there were two machines in a treatment room, the rules were appropriately marked to indicate which operator was trained on which machine.

There were treatment protocols in place for the use of the lasers and IPL machines and these had been recently reviewed.

Safe and clinically effective care

Eye protection was available for patients and the lasers and IPL operators. These were found to be clean, in a good condition and consistent with the local rules.

There were signs on the outside of all treatment rooms to indicate the presence of the laser and IPL machines. Doors were locked to prevent unauthorised entry when the machine is in use. We were told that the keys to activate the machines were locked away securely when they were not in use.

Participating in quality improvement activities

We found the clinic carried out various clinical audits arranged both centrally by the compliance team and locally within the clinic. These included laser equipment and usage safety audits conducted every three years by their laser protection advisor.

We were also told that the central governance team plan to invite a select group of clients to act as a patient participation group, to give feedback about treatments and services provided, although this would be a nationwide scheme.

Records management

We found the patient records were kept securely at the service. Digital records were saved on the clinic data system which was password protected and archived to prevent data loss. Archived data was available via secure portal access if required. We found retention periods and disposal arrangements to be appropriate. All patient data was controlled by the company data governance team.

We saw an up-to-date electronic medical records policy which covered all aspects of records management including the digital patient management system, consent and accuracy of notes.

Quality of Management and Leadership

Governance and accountability framework

Sk:n Clinic (Cardiff) is part of a nationwide company with over 50 clinics across the UK. The clinic is run by the registered manager supported by a dedicated team of staff that includes a doctor and nurses. The clinic has access to a nationwide team of dermatologists, doctors and consultants as part of the wider group.

We found a comprehensive range of well written, up-to-date policies and procedures that evidenced version history, review dates and name of person responsible for the policy. All policy reviews and updates had been countersigned by the staff, confirming they had been read and understood.

There was evidence of regular staff and management meetings, and a bulletin system for the dissemination of more urgent issues. We saw minutes of the meetings were captured and distributed to staff. However, we noted that the attendees were not recorded, and action points were not identified and extracted.

We recommend the registered manager ensures that the minutes of team meetings contain:

- Record of all attendees
- Identified issues to be taken forward as action points
- Confirm actions points from previous meetings are included as part of the agenda for following meetings to ensure they are resolved as appropriate.

We saw there was a current certificate of Employer's Liability Insurance on display.

Dealing with concerns and managing incidents

There was an appropriate complaints policy in place covering both written and verbal complaints and included timescales for a response. A summary of the complaint procedure was also included within the statement of purpose and patients' guide.

We saw the complaints records held on the clinic computer system. We found these were well documented and responses in accordance with the policy. We were told complaints were analysed as part of a compliance audit conducted every six months.

Workforce planning, training and organisational development

We saw up-to-date core of knowledge training and system machine specific training was completed by all staff.

To help develop and maintain workforce knowledge and skills the registered manager monitored staff training requirements and discussed with the staff members as required. All registered healthcare professionals had time allocated to enable them to maintain their continuous professional development (CPD).

Workforce recruitment and employment practices

We saw that the clinic had a comprehensive documented recruitment process in place. This covered all stages of the recruitment and selection process to ensure the clinic was compliant with applicable legal requirements. Newly appointed staff were subject to Disclosure and Barring Service (DBS) checks. We found these to be completed and in date.

We were told that new staff undergo an in-depth induction process followed by a probation period. Staff are issued with detailed job descriptions outlining their roles and responsibilities. Quarterly one-to-one meetings were conducted and documented. We were told that appraisals were to recommence following the disruption of Covid-19, but managers were to have training on the process prior to roll-out at Cardiff.

The registered manager must ensure all staff have an annual appraisal and a process is put in place to ensure these occur in a timely manner.

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
We found one laser machine was overdue a service inspection.	Patients and staff could have been put at risk of serious injury due to incorrect functioning of the laser machine.	We raised this immediately with senior staff.	We were told the clinic was already aware of the issue and that an engineer had been booked to service the machine. Patients were being treated using an alternative machine or appointments had been re-scheduled. All treatments conducted on patients between the expiry of the service inspection and its discovery were reviewed by senior staff with no adverse effects reported. Staff assured us that the machine will not be used until a satisfactory service has been completed.

Appendix B - Immediate improvement plan

Service: Sk:n Clinic (Cardiff)

Date of inspection: 11 June 2024

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 non-compliance concerns were identified on this inspection.				

Appendix C - Improvement plan

Service: Sk:n Clinic (Cardiff)

Date of inspection: 11 June 2024

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
We recommend that the clinic review the statement of purpose and patients' guide to ensure the accessibility issue is communicated to patients with mobility issues.	Regulation 6 & 7 - Independent Health Care (Wales) Regulations 2011			
The registered manager must remove the trip hazard from the treatment room and provide HIW with evidence once complete.	Regulation 26(2)(a)			
The registered manager must ensure all staff have completed both adult and child safeguarding training.	Regulation 20(2)(a)			

<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> • All laser and IPL machines are serviced in accordance with manufacturer’s guidelines • Put in place a system of checks to ensure service and calibration dates of all laser and IPL machines are not overdue in the future. • Daily laser and IPL diagnostics checks are being conducted by ensuring they are all recorded once completed. 	<p>Regulation 15(2)</p>			
<p>We recommend the registered manager ensures that the minutes of team meetings contain:</p> <ul style="list-style-type: none"> • Record of all attendees • Identified issues to be taken forward as action points • Confirm actions points from previous meetings are included as part of the 	<p>Regulation 19(2)(e)</p>			

agenda for following meetings to ensure they are resolved as appropriate.				
The registered manager must ensure all staff have an annual appraisal and a process is put in place to ensure these occur in a timely manner.	Regulation 20(3)			

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: