

Independent Healthcare Inspection Report (Announced)

SC Skin Care Limited

Inspection date: 2 September 2024

Publication date: 3 December 2024



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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

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

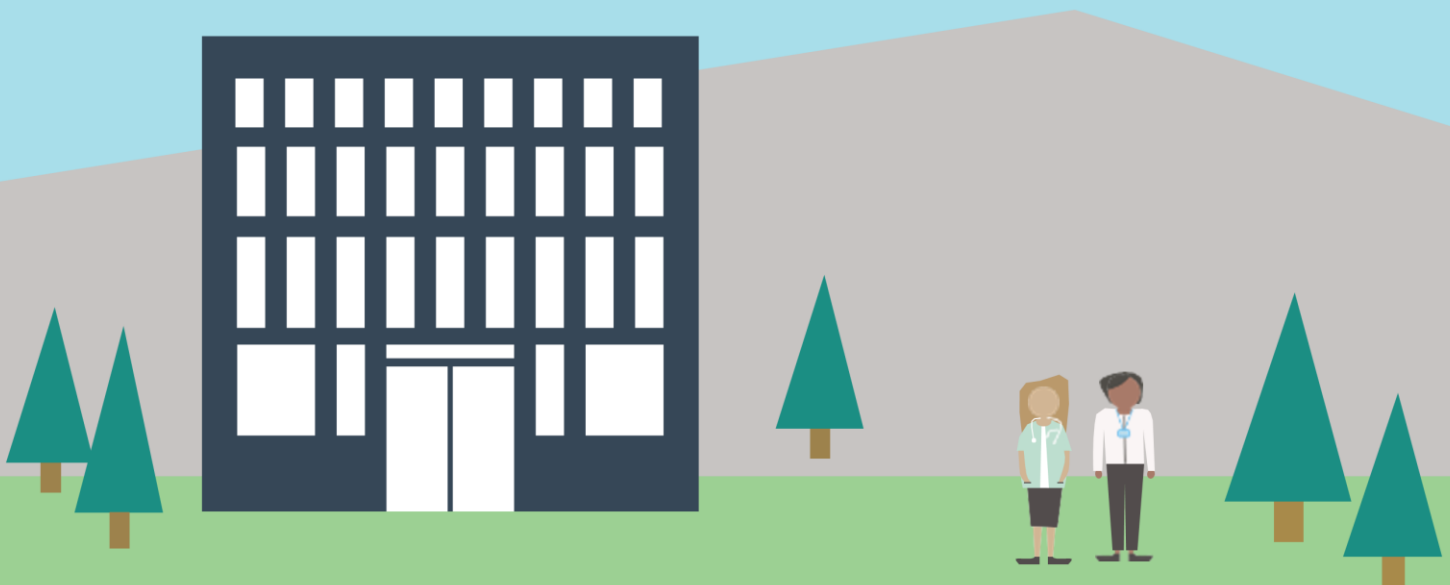
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience	8
• Delivery of Safe and Effective Care	10
• Quality of Management and Leadership	12
4. Next steps.....	13
Appendix A - Summary of concerns resolved during the inspection	14
Appendix B - Immediate improvement plan.....	15
Appendix C - Improvement plan	16

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 SC Skin Care Limited on 2 September 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 one was completed. We also spoke to staff working at the service during our inspection. Due to the low number of responses, only written patient feedback has been included in this 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 patients received a good level of care at SC Skin Care Limited. This included robust arrangements in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. We saw how staff at the setting provided clear and concise information to patients prior to, during and post-treatment. Patients were treated in a dignified and respectful manner throughout their patient journey. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- All patient feedback we received was positive.
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

Delivery of Safe and Effective Care

Overall summary:

We found comprehensive arrangements in place to manage the risk of harm to patients and deliver care in a safe and effective way. The setting had a good working relationship with their Laser Protection Advisor, to the benefit of both patients and staff. Infection prevention and control (IPC) procedures were managed robustly. The service compliance with regulatory requirements was suitable. Patient records were handled and completed correctly, and stored in a secure manner.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Record keeping was robust.

Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were satisfactory. Clear and comprehensive policies were in place to provide guidance for staff, including complaints and training policies. The processes for continued professional development and training were found to be appropriate.

This is what the service did well:

- Patient feedback and complaints were appropriately addressed.

3. What we found

Quality of Patient Experience

Health protection and improvement

A comprehensive account of patient medical histories were recorded during initial consultations. The records we reviewed evidenced that patch testing took place prior to any treatments. We saw patients signed to confirm there were no changes to their medical history at every follow-up appointment.

Dignity and respect

Consultations and treatments were undertaken in a private room at the setting. The solid door for this room was locked during appointments to ensure patient privacy. Signage indicated when patients were being treated, and a door access code could be used to gain entry in the event of an emergency. Patients were allowed to change in private and a modesty towel was used during treatments.

Chaperones were permitted in the treatment room, where requested. An additional set of protective eyewear was available to ensure their safety.

Patient information and consent

We reviewed five patient records during our inspection. All of the records contained comprehensive consultation forms and the details of the treatments administered. The records we reviewed outlined the pre-treatment patch-testing process and signed consent was recorded for every follow-up treatment. The risks and benefits of each treatment were provided to patients to sign and agree they had read them. Post-laser treatment care advice was also provided to each patient and evidenced within the records we reviewed.

Communicating effectively

We found suitable information was provided to patients at every stage of their treatment. Patients were able to make appointments over the telephone or via the social media pages for the setting. The patient guide outlined all relevant information relating to the treatment options, costs, means of raising a concern and emergency care. The statement of purpose for the setting was up-to-date and appropriate.

Care planning and provision

All five patient records we reviewed during the inspection were comprehensive and easy to navigate. The records included details from the initial consultation, patch tests and patient consent to treatments. We saw on every follow-up

appointment in our sample, patients signed to consent to treatment and confirm their medical history information was still accurate. The one respondent to the patient survey told us:

“Always asked if medical situation has changed i.e. if taking medication before treatment given”

Equality, diversity and human rights

During our discussions with staff, we noted satisfactory examples of how they treated patients equally and upheld their rights. These examples were supported by a suitable equality and diversity policy in place. While not a mandatory requirement, the staff member working at SC Skin Care Limited was booked to attend an equality and diversity training course during the week of the inspection. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

The setting had a small step to the front door, which meant access was reduced for those with mobility difficulties. This information was clearly communicated to patients within their patient guide.

Citizen engagement and feedback

We found the systems in place to request and respond to feedback were robust. Patients were automatically contacted to request written feedback following their appointment and verbal feedback was also requested, where necessary. Patient feedback was posted online for general awareness. Staff confirmed that patients also had the choice to submit feedback anonymously.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found comprehensive arrangements were in place to manage and minimise the risks to patients and ensure their safety. Safety certifications for electrical wiring and portable appliance testing were all in place. We reviewed the Laser Protection Advisor (LPA) risk assessments in place, all of which were suitable, and we saw these were reviewed annually. Fire safety precautions were all robust and outlined within a dedicated policy. The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency.

The first aid kit was complete and appropriately equipped, with all staff trained to the correct level in first aid.

Infection prevention and control (IPC) and decontamination

Appropriate processes were in place to enable the effective cleaning and decontamination of treatment areas and the equipment. We saw gloves were worn during treatments and routine hand washing pre-and-post treatment. The IPC and decontamination process were suitably outlined in the cleanliness and infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract.

Safeguarding children and safeguarding vulnerable adults

The setting had a suitable safeguarding policy in place, which was up-to-date and contained details of the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern. We also saw evidence the registered manager had completed level three adult safeguarding training. No treatments were provided to anyone under the age of 18.

Medical devices, equipment and diagnostic systems

We found the devices at the setting were being used safely and in line with manufacturer guidelines.

A suitable contract was in place with certified Laser Protection Advisor (LPA). We saw records of annual reviews of the setting by the LPA and a comprehensive report was produced, which included a risk assessment. There were individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner as part of the LPA contract.

The designated room for laser treatments was locked when not in use, and the key was stored securely by the laser operator for the setting. Daily checks took place on the laser machine, with calibration checks prior to each treatment. As this

device was newly purchased by the service in February 2024, there were no servicing records for us to review during the inspection. Protective eyewear was readily available, in good condition and consistent with the local rules.

Safe and clinically effective care

We found treatments at the setting were being delivered safely and effectively. The sole laser operator had received up to date training on the machine being used, and their core of knowledge training was also up to date.

There was one room used for laser treatments at the setting. This room was lockable and displayed appropriate signage on the door indicating that laser treatments took place within the room. The signage also advised not to enter while treatments were being provided.

We saw evidence in patient records of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

Participating in quality improvement activities

Patient feedback was regularly reviewed and discussed within the setting in order to drive continuous improvement. Cleaning and hygiene audits also took place throughout the setting.

Records management

We found evidence of good record keeping. Patient records were paper-based and were stored in a securely locked cabinet away from public access. Access to the records was overseen by the registered manager. We saw evidence that all records were disposed of securely, when necessary.

Quality of Management and Leadership

Governance and accountability framework

This setting was managed and operated by one member of staff. The governance and accountability frameworks in place were suitable for the size and staffing of the setting.

We saw all policies and procedures were clear and comprehensive. The public liability insurance and HIW registration certificates were on display at reception.

We found Enhanced Disclosure and Barring Service checks in place for the sole laser operator.

Dealing with concerns and managing incidents

Patient complaints were overseen by the individual staff member managing the service. If the complaints related directly to the manager, patients were encouraged to bring them to the attention of HIW. The complaints procedure was appropriate, up to date and referenced HIW as a means to raise concerns. There were no complaints for us to review during the inspection and we were assured by the complaints process in place. We were told that any verbal complaint would be noted within the complaints book.

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: SC Skin Care Limited

Date of inspection: 2 September 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate concerns were identified on this inspection					

Appendix C - Improvement plan

Service: SC Skin Care Limited

Date of inspection: 2 September 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No improvements were identified on this inspection					