



Independent Healthcare Inspection (Announced) Physical Graffiti

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non-compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Physical Graffiti is registered as an independent hospital because it provides Class 3B/4 laser treatments at 124 City Road, Cardiff, CF24 3DQ. The service was first registered with HIW in 2014.

At the time of inspection, the staff team included the registered manager and one laser operator. The service is registered to provide the following treatments to patients over the age of 18 years:

Q-Switches Nd: YAG Laser for the following treatments:

- Tattoo removal.

4. Summary

We looked at how the service complied with the requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service is committed to providing a positive experience for patients
- We saw evidence that patients were satisfied with their treatment and the service provided.

This is what we found the service needed to improve:

- Updates to the patient's guide and statement of purpose
- Documentation of patient treatment
- Arrangements for safeguarding vulnerable adults
- Updates to training in laser safety were needed
- Arrangements for fire protection
- Updates to policies and procedures
- Completion of annual appraisals.

Further details of these improvements are provided in Appendix A.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered manager take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with the regulations.

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a verbal consultation prior to treatment, which included discussion of the risks and benefits. Patients were also asked to provide written consent to treatment and we saw examples of aftercare guidance given to patients. However, we noticed that not all informed consent forms were always signed by the patient.

Improvement needed

The service must ensure that patients sign all informed consent forms.

We saw that patients were asked to complete a medical history checklist. We saw that each patient had a record of treatment, but this did not include space for details of treatment outcomes and any adverse effects. We also recommended the service to create a treatment register, so that all treatments provided on the laser machine are recorded in one place and can be easily audited.

Improvement needed

A treatment register, including details of all treatments performed, should be created. Records of treatment outcomes, including any adverse effects should be recorded.

Communicating effectively (Standard 18)

A patient's guide was available but needed the following updates in accordance with the regulations:

- Details of the laser equipment in use must be updated
- References to the 'healthcare commission' should be replaced with HIW
- Details of how patients can access the latest HIW inspection report (i.e. by providing HIW's website address) should be updated
- Arrangements for obtaining consent should be included
- Contact details for HIW must be updated

- The timescales given for acknowledging complaints should be consistent with the statement of purpose and complaints policy.

Improvement needed

The patient's guide must be updated in accordance with the regulations.

We found that a statement of purpose was available, but updates were needed to comply with the regulations, including:

- References to the Private and Voluntary Health Care (Wales) Regulations 2002 should be replaced with the Independent Health Care (Wales) Regulations 2011
- The relevant qualifications and relevant experience of the laser operator should be updated, including Core of Knowledge³ training
- The make and model of the laser machine, kinds of treatment provided and age range of patients should be included
- Contact details for HIW must be updated.

Improvement needed

The statement of purpose must be updated in accordance with the regulations.

A copy of the updated statement of purpose must be sent to HIW.

Citizen engagement and feedback (Standard 5)

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Four patient questionnaires were completed prior to the date of inspection. The questionnaires showed that all patients strongly agreed with statements that the clinic was clean, tidy and that staff were polite, caring, listened and provided enough information about their treatment. All patients rated their care and treatment as 'excellent'.

Staff told us that they encouraged patients to provide them with feedback verbally and would ask about their experiences when they next came in for treatment.

³ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

However, the service did not have a formal system for regularly gaining patient feedback, as a way of monitoring the quality of the service provided.

Improvement needed

There must be a system in place for regularly seeking patient feedback.

Delivery of safe and effective care

Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)

The registered manager explained that only the laser operator provided laser treatments to patients. We saw a certificate to show that the laser operator had completed Core of Knowledge training. However, since this had been conducted more than three years ago, update training was needed. While we were assured that the laser operator had been given training on the safe use of the laser machine, a record of this training was not available. Staff explained that the manufacturer of the machine had not provided a certificate of this training.

Improvement needed

Updated Core of Knowledge training must be completed by the laser operator.

All records of training must be maintained, including any training on the use of the machine.

We saw that there was a current contract in place with a Laser Protection Adviser and there were local rules detailing the safe operation of the machine. The registered manager confirmed that the Laser Protection Adviser visited the service annually and reviewed the local rules and environmental risk assessments. However, there was no written evidence of the Laser Protection Adviser's visit and the dates and signatures on local rules and risk assessments had not been updated to reflect when they had been reviewed.

Improvement needed

There must be evidence that the local rules and risk assessments are reviewed annually by the Laser Protection Adviser. Specifically, these should be signed and dated each time they are reviewed.

The registered manager explained that the laser machine was new and was due for the first service this year. We advised the service to ensure that all records of installation and servicing are maintained going forwards.

We saw that eye protection was available for patients and the laser operator. The eye protection appeared in visibly suitable condition. There was a warning sign outside the treatment room to indicate the machine is in use. The laser operator confirmed that the treatment room doors were locked when in use, in order to prevent unauthorised access. We saw there were arrangements for the activation keys for the laser machine to be stored securely when not in use.

Safeguarding children and vulnerable adults (Standard 11)

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

We found updates were needed to the safeguarding policy to provide a clear procedure for staff at the service to follow in the event of a safeguarding concern, including the details of the local safeguarding contacts. Safeguarding training also needed to be completed by the registered manager and laser operator.

Improvement needed

Robust processes must be in place to ensure the welfare and safety of vulnerable adults who may use the service, including the update of safeguarding policies and completion of safeguarding training by the registered manager and laser operator.

Infection prevention and control and decontamination (Standard 13)

We saw the service was visibly clean and tidy. We discussed the infection control arrangements in place with the laser operator and considered these to be appropriate to protect patients from cross infection. An infection control policy was in place, but we advised the service to review this carefully to make sure it reflected what happens in practice.

Managing risk and health and safety (Standard 22)

We saw evidence that Portable Appliance Testing (PAT) had been recently conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that there had been a building wiring check within the last five years. We noticed that the wiring check included a recommendation for a further check to be performed this year and we highlighted this to the registered manager.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually. The registered manager told us that a fire risk assessment had been conducted some time ago but acknowledged this needed to be reviewed. The building was located over several floors and fire exits had not been signposted from the upper floors. We recommended the service seek advice from a fire safety expert regarding this. Fire drills also needed to be performed.

Improvement needed

There must be robust arrangements in place regarding fire protection, including a current fire risk assessment, consideration of fire exit signs and completion of fire drills.

Quality of management and leadership

Governance and accountability framework (Standard 1)

Physical Graffiti Cardiff is run by the registered manager. Laser treatments are provided by the laser operator.

We saw the service had a range of policies and procedures in place. The registered manager explained that they had used an external company to assist them with their documentation and policies regarding the laser machine. We noticed that some of the policies referenced the superseded Private and Voluntary Health Care (Wales) Regulations 2002 rather than the Independent Health Care (Wales) Regulations 2011. We noticed that the policies were now in need of review, since several years had passed from their creation. The sample of policies we saw needed to be tailored, were appropriate, for use at the service. We reminded the registered manager of their responsibility under the regulations to ensure that adequate policies and procedures are in place and regularly reviewed.

Improvement needed

The following improvements are needed to policies and procedures:

- ***All policies and procedures should be reviewed***
- ***Policies should be tailored where appropriate for use at the service***
- ***References to the regulations must be corrected.***

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and details of the complaints procedure had been included within the statement of purpose.

The registered manager told us that they had not received a written or verbal complaint. We discussed the need to record both written and verbal complaints if they are received, so that any common themes or issues identified could be addressed.

Records management (Standard 20)

We found that patient information was kept securely at the service. This is because paper records were kept in filing cabinets and the registered manager confirmed they were locked when not in use.

Workforce recruitment and employment practices (Standard 24)

As the service were first registered with HIW in 2014, the registered manager and laser operator had Disclosure and Barring Service (DBS) checks completed within the last three years as part of their registration. We reminded the service to ensure these were updated every three years.

Although the service had not taken on any new staff for performing laser treatments, we saw there was an induction programme in place. We also saw there was an appraisals template in place, but we were told that annual appraisals were not conducted. Appraisals are important to ensure that the staff have the right knowledge and skills to carry out their role and any training needs are identified.

Improvement needed

Annual appraisals should be conducted for the laser operator.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service to ensure ongoing compliance with the relevant regulations and standards.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a provider's ability to run their service with sufficient care, competence and skill. There is an expectation, therefore, that the registered manager take meaningful action to address these matters identified in this report, as a failure to do so could result in HIW taking action for non-compliance with regulations.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of Physical Graffiti. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Physical Graffiti will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Physical Graffiti

Date of Inspection: 26 July 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The service must ensure that patients sign all informed consent forms.	Regulation 9 (4)	Ensure all forms are signed	D. Walters	Immediate
6	A treatment register, including details of all treatments performed, should be created. Records of treatment outcomes, including any adverse effects should be recorded.	Regulation 23 (1) & 45 (2)	Start a notebook of daily useage, names, laser settings, amount of laser shots, results	D. Walters	Immediate
7	The patient's guide must be updated in accordance with the regulations.	Regulation 7	Update patients guide	D. Walters	Immediate
7	The statement of purpose must be updated in accordance with the regulations.	Regulation 6 (1) and Schedule 1	Update Statement of purpose, and send copy to HIW	D.Walters	Immediate

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	A copy of the updated statement of purpose must be sent to HIW.				
8	There must be a system in place for regularly seeking patient feedback.	Regulation 19 (2) (e) & 7 (e)	Implement feedback forms	D. Walters	Immediate
Delivery of Safe and Effective Care					
9	Updated Core of Knowledge training must be completed by the laser operator. All records of training must be maintained, including any training on the use of the machine.	Regulations 45 (3) Standard 25	Redo core of knowledge training	D. Walters	Within the next three months (by the end of the year 2016)
9	There must be evidence that the local rules and risk assessments are reviewed annually by the Laser Protection Adviser. Specifically, these should be signed and dated each time they are reviewed.	HIW conditions of registration Regulation 15 (1), (2) & 19(1)(2) Standard 16	Have the rules and risk assessments read and signed by the lpa	D. Walters	On the next visit of the lpa and every subsequent visit
10	Robust processes must be in place to ensure the welfare and safety of	Regulation 16	We don't have any vulnerable adults in the shop or as customers.	C. Hatton / D. Walters	Within the next six

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	vulnerable adults who may use the service, including the update of safeguarding policies and completion of safeguarding training by the registered manager and laser operator.	Standard 11	However, we will undergo training and update policies		months (By march 2017)
10	There must be robust arrangements in place regarding fire protection, including a current fire risk assessment, consideration of fire exit signs and completion of fire drills.	Regulation 15 (1),(2); 19(1); 26(5)(b)	Get fire risk assessment completed and record fire drills in diary	C . Hatton / D. Walters	Within the next month
Quality of Management and Leadership					
11	The following improvements are needed to policies and procedures: <ul style="list-style-type: none"> All policies and procedures should be reviewed Policies should be tailored where appropriate for use at the service References to the regulations must be corrected. 	Regulation 9	Policies to be looked at and altered as necessary and references corrected	C. Hatton / D. Walters	Within a month (By the end of November 2016)
12	Annual appraisals should be conducted for the laser operator.	Regulation 20 (2)	Conduct appraisals	C. Hatton	Annually, starting this

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
		Standard 25			year

Service Representative:

Name (print): C. Hatton / D. Walters

Title: Registered manager / Laser operator

Date: 21/10/2016