

# Independent Healthcare Inspection (Announced)

Physical Graffiti

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Physical Graffiti on the 21 August 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom was the inspection lead.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

We found that Physical Graffiti was committed to providing an effective service and a positive experience for patients.

The environment was clean, well maintained and appropriate for providing laser treatments. There were processes in place to ensure the privacy and dignity of patients.

However, on the day of inspection, we found evidence that the service was not fully compliant with all relevant regulations and their conditions of registration with HIW.

This is what we found the service did well:

- Patients were provided with relevant information to help them make an informed decision about their treatment.
- The service had appropriate processes in place to ensure that consultations with patients were held in a dignified manner.
- The treatment room was clean and tidy and free from clutter.
- Clinical records were stored securely.

This is what we recommend the service could improve:

- The Patients' Guide and Statement of Purpose both need updating in line with the regulations.
- The laser operator must undertake appropriate safeguarding and CPR training.
- The service needs to put processes in place to collect, review and disseminate patient feedback.
- Better maintenance of patient records and its treatment register in accordance with the regulations.

A full list of the recommendations can be found in appendix B.

We identified the following areas of non-compliance with relevant regulations and conditions of registration with HIW:

- The registered manager had not ensured that the local rules for the safe use of the laser/IPL machines had been reviewed at least annually by a certified Laser Protection Adviser.
- The Registered Manager was unable to demonstrate that the laser machine had been regularly serviced and calibrated in line with manufacturer's guidelines.
- The service had not reviewed policies and some procedures regularly in accordance with the Independent Healthcare (Wales) Regulations 2011.

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed.

## 3. What we found

### **Background of the service**

Physical Graffiti is registered to provide an independent hospital at 124 City Road, Cardiff, CF24 3DQ.

The service was first registered in January 2014.

The service employs a staff team of four, consisting of the Registered Manager, Shop Manager, Laser Operator and Body Piercer. There are also 6 tattooists who rent chair space and are not employees of the company.

The service provides laser treatment for the purpose of:

- Tattoo Removal



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found the service was committed to providing a positive experience for patients.

The service had appropriate arrangements in place to protect the privacy and dignity of patients during consultation and treatment.

Patients were provided with relevant information pre and post treatment to help them make an informed decision about their treatment.

The service needs to put processes in place to collect, review and disseminate patient feedback.

Some improvements were needed to the maintenance of the patient register to protect the safety of patients and laser operators.

Updates were required to the patients' guide and statement of purpose in order to bring them in line with the Independent Health Care (Wales) Regulations 2011.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 10 were completed. Overall, patient feedback was very positive, and all patients who completed a questionnaire rated the care and treatment that they were provided with as excellent. Patient comments included the following:

*"Really happy with the service from consultation to treatment."*

*"Brilliant!"*

### Health promotion, protection and improvement

We were told that patients complete a medical history form at their initial consultation to help ensure treatment is provided in a safe way.

However, we noticed during a check of patient records that patients were not required to sign any document at subsequent treatment appointments to confirm whether there have been any changes to their medical history.

The responsible individual told us that in these instances, any changes in medical history were checked verbally with the patient. All of the patients who completed a questionnaire confirmed that they did have their medical history checked before undertaking any treatment. However, it is a requirement of the regulations that information on a patient's medical history is maintained and recorded in paper or electronic form.

### Improvement needed

The service must ensure that confirmation of any changes (or not) in a patient's medical history is signed by the patient and countersigned and dated by the laser operator before each treatment.

### Dignity and respect

The responsible individual told us that the door to the treatment room is always locked during treatment and that patients are provided with towels and left alone in the treatment room to undress if necessary. This was done in order to maintain patients' dignity prior to, during and post treatment.

Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

Every patient who completed a questionnaire agreed that they had been treated with dignity and respect by staff at the clinic, and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

### Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because all patients were provided with a face-to-face consultation prior to laser treatment. This discussion includes the risks, benefits and likely outcome of the treatment offered. We saw that a summary of this information was also included on the consent form that patients are asked to read and sign before receiving initial treatment.

All patients that completed a questionnaire said that they had been given enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

### Communicating effectively

A Statement of Purpose and Patients' Guide were provided to us by the laser operator. Both documents contained the information required by the regulations. However, both documents require updating with the correct address and contact information for HIW.

We noticed that copies of the Patients' Guide were not available at the reception desk; we recommend that the patients' guide is made more widely available for all current and prospective patients at the clinic.

All of the patients who completed a questionnaire said that they were always able to speak to staff in their preferred language. Patients who completed a questionnaire also said that staff listened to them during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

#### Improvement needed

The service must update the Statement of Purpose and Patients' Guide with the current contact information for HIW.

The service must ensure copies of the patients' guide are always available within the clinic, and consider making a copy of the patients' guide available on their website.

#### Care planning and provision

We saw evidence that initial consultation appointments, conducted prior to treatment being started, were documented on paper forms which had been signed and dated by the patient and countersigned by the laser operator.

The laser operator told us that patients must agree to undergo a patch test to determine a safe and effective setting of the laser machine for their skin type before receiving treatment. All of the patients who completed a questionnaire confirmed that they had been given a patch test before they received treatment.

We were provided with evidence of good record keeping processes. The clinic maintained an up to date patient treatment register. However, we identified that in order to comply with the regulations the treatment register required three additional columns to be added.

The service must ensure the treatment register is completed comprehensively by adding columns for area treated, adverse reactions and operator signature.

## Equality, diversity and human rights

Physical Graffiti is situated over 3 floors. The laser treatment room is situated on the ground floor along with the patient toilet and is therefore accessible. The Statement of Purpose states that the premises is not suitable for wheelchair users. The laser operator told us that wheelchair users have been treated at the clinic and therefore the Statement of Purpose should reflect this.

### Improvement needed

The service must update its Statement of Purpose and Patients' Guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW.

## Citizen engagement and feedback

We found that the clinic had no formal system in place for seeking patient feedback. Patients are encouraged to complete a Facebook review about their experience at the clinic. We were told that any negative comments are responded to individually.

The Statement of Purpose references a system where feedback is collected annually and issued in an annual report. We saw no evidence of this system in practice. We therefore recommend updating the Statement of Purpose to reflect the current system on collecting and analysing feedback.

We recommend that the service implements a process to regularly seek the views of patients about their experiences of receiving laser treatment, such as issuing questionnaires or feedback forms. Best practice would be to enable patients to provide their views anonymously. The service should also ensure that patients are made aware of the results of any feedback by means of a summary included within the Patients' Guide.

### Improvement needed

The service must begin to regularly collect feedback from patients on their experiences of the IPL treatment they have received.

The service must update the Patients' Guide and Statement of Purpose to accurately describe the arrangements for collecting feedback and provide a copies to HIW.

The service must include a summary of patient feedback in its Patients' Guide as required by the regulations.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

The laser machine had not been maintained in accordance with the manufacturer's guidelines. This meant that we could not be assured that it was fit for purpose.

The treatment room was visibly clean and tidy but the service needs to implement a cleaning schedule to ensure that the tasks are completed.

Some training was required for the laser operator in adult safeguarding and first aid.

The first aid kit needs to be replaced and regularly checked in future to ensure all items with an expiry date remain within date.

### Managing risk and health and safety

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date to ensure that small electrical appliances were fit for purpose and safe to use.

The service was unable to provide us with certification to show the five yearly electrical wiring checks for the building was up to date. We recommend that the service arranges this to be carried out promptly.

We looked at the arrangements for fire safety. Fire exits and fire alarms were clearly signposted. However we did not see evidence that fire alarm tests and fire drills had been carried out regularly and recorded in a log book. We also identified that the fire risk assessment was not up to date. Although we were told this had been carried out recently we saw no evidence to support this.

We recommend that the service undertakes a review of its fire safety arrangements, including maintaining logs of all fire drills and fire alarm tests, and arranges for a new fire risk assessment of the building to be undertaken by appropriate fire safety experts.

We saw that the service had access to a first aid kit but we found the contents to have exceeded their expiry dates and were therefore not fit for purpose. We

recommend that all items be replaced and a system is put in place to regularly check for out of date first aid materials in future. We were told that the Registered Manager had received first aid training but could not be guaranteed that they were always on site. We therefore recommend that the laser operator carry out first aid training.

#### Improvement needed

The service must arrange for an electrical wiring check of the building to be carried out.

The service must ensure a new fire risk assessment of the building is undertaken by appropriate fire safety experts.

The service must maintain a logbook of all future fire drills and fire alarm tests.

The service must replace any out of date first aid kits and implement a system to ensure all the contents of its first aid kits are within their expiry date at all times.

The laser operators must undertake a first aid training course.

#### Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns given by patients over the cleanliness of the setting; all of the patients that completed a questionnaire felt that, in their opinion, the premises were very clean.

The laser operator described the infection control arrangements at the clinic which were consistent with the procedures found in the infection control policy.

However, we were told that despite the process being described in detail within the general cleaning policy, cleaning schedules were not being maintained.

Patients had access to toilet facilities in the building. However, there was no feminine hygiene available in the toilet. A feminine hygiene bin must be acquired.

#### Improvement needed

The service to complete and maintain appropriate cleaning schedules as described in their general cleaning policy.

The service to arrange for a feminine hygiene bin to be installed in the toilet.

## Safeguarding children and safeguarding vulnerable adults

The responsible individual confirmed that the service complies with their conditions of registration to only treat patients over the age of 18 years.

The responsible individual appropriately described how they would assess a patient's capacity to consent to treatment during the initial consultation.

A policy for the protection of vulnerable adults was in place. However, this was out of date and required review as the policy contained no clear guide on how or where to report concerns. There was also no contact details of local safeguarding agencies. We recommend that this be added to the policy in order that concerns can be appropriately reported.

The laser operator had not completed training in the protection of vulnerable adults, which we recommend in undertaken.

### Improvement needed

The service must update its policy for the protection of vulnerable adults to include the contact details of appropriate local safeguarding agencies.

The service must ensure that the laser operator undertakes training in the protection of vulnerable adults.

## Medical devices, equipment and diagnostic systems

The setting is registered to provide services using a Titan III Q-Switched Nd:YAG Laser. However, there was no evidence that the machine had been serviced or calibrated in line with the manufacturer's guidelines.

This resulted in the issue of a non-compliance notice which required the registered manager to take immediate corrective action. HIW have since received evidence that this has been carried out and details of this are provided in Appendix B.

We saw there were treatment protocols in place for the safe use of the laser machine which had been produced by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) however this had expired along with the local rules. We also saw that the existing local rules had not been read and signed by the laser operator.

The registered manager was therefore unable to assure us on the day of inspection that treatments were being provided safely. These concerns were also dealt with by issuing a non-compliance notice.

The registered manager has subsequently taken action to address these issues and provided evidence of the action taken to HIW following the inspection, further details are included in Appendix B.

### Safe and clinically effective care

We saw evidence that the laser operator had completed the Core of Knowledge training in 2018.

The laser operator told us that they had received training by the manufacturer and previous laser operator on the correct use of the laser machine. There was no certification to support this.

We saw eye protection was available for patients and the laser operator. The eye protection glasses were visibly in good condition and the laser operator confirmed that glasses were cleaned and checked regularly for any damage.

No patients were being treated on the day of inspection, but the laser operator described the treatment process in detail. A warning sign is displayed on the outside of the treatment room door which indicates the laser is in use. The treatment room is locked to prevent any unauthorised persons from entering during treatments. We were told that the machine is kept secure at all times.

We saw that no recent risk assessment had taken place by the service. The LPA had visited recently however, there was no supporting documentation to show this.

The registered manager was therefore unable to assure us on the day of inspection that risks associated with the provision of laser treatments at the service had been identified and action taken to mitigate the risks. These concerns were dealt with via a non-compliance notice and HIW has received sufficient assurance that appropriate action has been taken to rectify this issue, further details are provided in Appendix B.

#### Improvement needed

The service must provide evidence to HIW of completion of training provided by the manufacturer for the laser operator on the use of the laser machine.



## Participating in quality improvement activities

We found that the service does not have sufficient systems in place to regularly assess and monitor the quality of service provided to ensure it is consistent with the regulations and standards. The service does not undertake quality assurance audits, for example, of patient records, treatment observations and incident audits.

We were told patients are able to provide feedback through the service's social media page and any negative feedback was responded to accordingly.

### Improvement needed

The service must implement a programme of quality assurance audits to regularly assess and monitor the quality of service provided to patients.

## Records management

We found that patient information was kept securely. Paper patient records were kept on a locked cabinet, and the keys to the cabinet are kept securely in the possession of the laser operator. The responsible individual described an appropriate process to dispose of patient records that was compliant with the regulations.

Improvements needed to the maintenance of the service's treatment register are discussed earlier in the report.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

Physical Graffiti is owned and run by the registered manager.

The service has a complaints procedure in place. However, this needs to be reviewed and summarised consistently within the Statement of Purpose and the Patients' Guide.

The laser operator must undertake a Disclosure and Barring Service check as required by the regulations.

We found that the service had a number of policies in place. However, these were out of date and need to be reviewed and updated.

## Governance and accountability framework

Physical Graffiti is owned by the registered manager. However, the laser operator is the only person who performs the treatments. The service also employs a shop manager and piercer.

We saw that the service had an up to date liability insurance certificate in place.

We found that the service had a number of policies in place which had not been reviewed or updated regularly in accordance with the Independent Healthcare (Wales) Regulations 2011.

This resulted in the issuing of a non-compliance notice as we could not be assured on the day of inspection that the service was reviewing the policies regularly.

However, HIW have since received evidence that the policies have been reviewed following the inspection.

## Dealing with concerns and managing incidents

The service had an appropriate complaints procedure which included the correct details of HIW in line with regulatory requirements. A summary of the complaints procedure is included within the Statement of Purpose and in the Patients' Guide. However, this procedure needs clarification as there is conflicting information between the two documents.

We were told that the service had not received any complaints to date.

#### Improvement needed

The service needs to update details of the complaints procedure in the Statement of Purpose and Patients' guide to ensure both documents are consistent.

### Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that the laser operator had completed the Core of Knowledge training and had also completed over the phone training.

The laser operator told us that they have access to regular training to develop their skills.

### Workforce recruitment and employment practices

The registered manager described an appropriate process for recruitment and induction, including employment checks and written references, to help ensure that staff had the right skills and knowledge to undertake the role.

The regulations require all authorised laser operators, that have direct unsupervised access to patients, undertake a Disclosure and Barring Service (DBS) check every 3 years. We found that staff had not undertaken Disclosure and Barring Service (DBS) checks. We recommend that this is carried out to help protect patients against the risk of inappropriate, or unsafe, care and treatment.

#### Improvement needed

The laser operator must undertake a Disclosure and Barring Service check and provide HIW with evidence of the certification.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant

regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## 4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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.			

## Appendix B – Improvement plan

**Service:** Physical Graffiti

**Date of inspection:** 21 August 2019

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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The service needs to update the patients' guide and provide a copy to HIW.	Independent Health Care (Wales) Regulations 2011 Reg 7 (1) & (2)	Update Patients' guide and provide copy	S.Graystone	Immediate
The service need to make a copy of the patients guide available to all patients and any person acting on behalf of a patient.	Independent Health Care (Wales) Regulations 2011 Reg 7 (2)	Provide copy of Patients' guide to patients	S. Graystone	Immediate



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must update its patients' guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW	Independent Health Care (Wales) Regulations 2011  Reg 7 (1) & (2)	Update Patients' guide with respect to mobility issues	S.Graystone	Immediate
The service must update its patients' guide to include a summary of patient feedback, and provide a copy to HIW.	Independent Health Care (Wales) Regulations 2011  Reg 19 (b) Reg 7 (e)	Update Patients' guide with respect to patients feedback	S.Graystone	Immediate
The service needs to add additional columns to the treatment register for area treated, adverse reaction and signature of the laser operator.	Independent Health Care (Wales) Regulations  Reg 23 (1) - (3)  Reg 45 (2)	Update Treatment Register with appropriate additional columns	S. Graystone	Immediate

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Reg 19 (c)			
<b>Delivery of safe and effective care</b>				
<p>The service must arrange for an electrical wiring check of the building to be carried out.</p> <p>The service must ensure a new fire risk assessment of the building is undertaken by appropriate fire safety experts.</p> <p>The service must maintain a logbook of all future fire drills and fire alarm tests.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Reg 26</p>	<p>All Issues have been addressed</p>	<p>C. Hatton</p>	<p>Immediate</p>
<p>The service must replace any out of date first aid kits and implement a system to ensure all the contents of its first aid kits are within their expiry date at all times.</p> <p>The laser operators must undertake a first aid training course</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Reg 15 (1)</p>	<p>First Aid Kits all replaced. Laser operator will undertake First Aid Training</p>	<p>S. Graystone</p>	<p>Within the next month</p>
<p>The service to arrange for a feminine hygiene bin to be installed in the unisex toilet.</p>	<p>Health and Safety Executive guidance –</p>	<p>Make Arrangements for Feminine Hygiene bins</p>	<p>C. Hatton</p>	<p>Immediate</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Health and Safety at Work Regulations			
All laser operators to undertake Protection of Vulnerable Adults training and evidence of completed training submitted to HIW.	The Independent Health Care (Wales) Regulations 2011	N/A as Studio is over 18's only		
The safeguarding of children and safeguarding of adults policies must be updated to include the contact details of relevant local safeguarding agencies.	Regulation 16  National Minimum Standards for Independent Health Care Services in Wales  Standard 11	Update Policies regarding safeguarding adults	S. Graystone	Immediate
The service must provide evidence to HIW of completion of training provided by the	Independent Health Care (Wales)	Evidence of training for laser operator provided	S. Graystone	N/A

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
manufacturer for the laser operator on the use of the laser machine.	Regulations 2011  Reg 21			
The service must implement a programme of quality assurance audits to regularly assess and monitor the quality of service provided to patients.	Independent Health Care (Wales) Regulations 2011  Reg 19	Quality assurance Audits to be conducted annually	C. Hatton	Annually
<b>Quality of management and leadership</b>				
<p>The registered manager must ensure that appropriate pre-employment checks are undertaken on new members of staff to ensure they are suitably qualified and protected to work with patients.</p> <p>The registered manager must obtain a Disclosure and Barring Service check for all laser operators and provide evidence to HIW.</p>	Independent Health Care (Wales) Regulations 2011  Reg 21 (a) & (c)	Registered Manager will conduct pre-employment checks and Disclosure and barring service checks when the situation arises.	C. Hatton	When Appropriate

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): Sami Graystone**

**Job role: Laser Operator**

**Date: 10/10/19**