

Independent Healthcare Inspection Report (Announced)

Urbasba

Inspection date: 11 May 2022

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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:

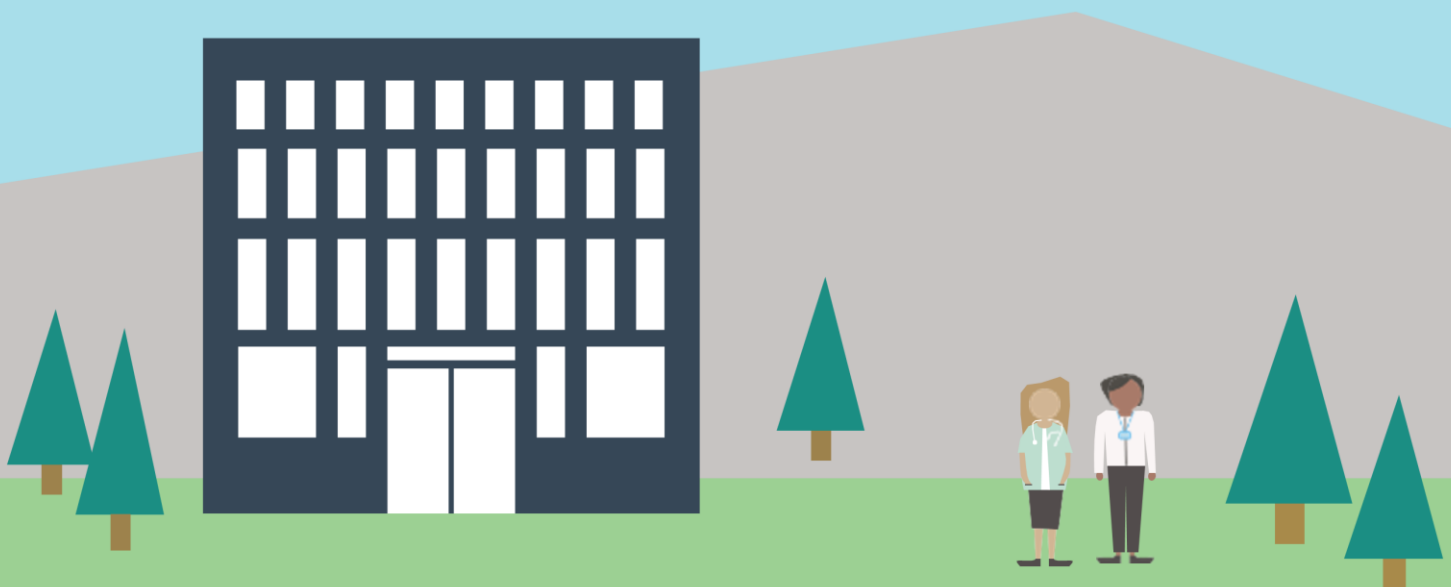
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Urbasba, Cardiff and Vale College, Dumballs Road, CF10 5BF on 11 May 2022.

Our team for the inspection comprised of two HIW Inspectors.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall we found that the service provided patients with treatments in a welcoming and modern environment.

This is what the service did well:

- Welcoming and modern environment

Safe and Effective Care

Overall summary:

Overall we found that the service provided patients with safe and effective care. We found that there were suitable arrangements in place for the maintenance and on-going safety of the laser equipment. Patient consultation and consent document templates were uniform and included an appropriate level of detail.

This is what we recommend the service can improve

- Ensure consultation and consent forms are fully signed by both patient and laser operator where required
- Ensure Core of Knowledge training is refreshed every three years

This is what the service did well:

- Suitable laser safety and maintenance arrangements
- Appropriate consultation and consent template forms

Quality of Management and Leadership

Overall summary:

Overall we found that staff at the service were enthusiastic and knowledgeable of the treatments provided and were keen to ensure that treatments were provided in a safe and effective manner.

This is what we recommend the service can improve

- Ensure disclosure barring service (DBS) certificates for the registered manager and laser operator are renewed every three years

This is what the service did well:

- Enthusiastic and knowledgeable staff

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the service to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. We received one completed questionnaire.

The comment provided by the patient included:

"Excellent service"

Health protection and improvement

We confirmed that patients were asked to provide a comprehensive medical history prior to their initial treatment and again prior to any subsequent treatments. We confirmed medical histories were signed by the patient and the laser operator in the majority of records that we reviewed.

Dignity and respect

We were told that patient consultations and treatments are always carried out in the appropriate treatment room. Pre and post treatment we were told that patients are given time to change, and we saw that appropriate signage was displayed on the doors for privacy and safety.

We were told that patients can be accompanied by a chaperone for their consultation but chaperones are not permitted to stay in the treatment room whilst treatments are provided.

Communicating effectively

Suitable patient information was available for patients to read in order to help them decide about their treatment options and details about the service. The registered manager told us that a robust consultation is provided to patients before treatments are decided and we found evidence of this in the records we reviewed.

Patient information and consent

We found that patients were provided with sufficient information to make an informed decision about their treatment. We were told that all patients are provided with a face-to-face consultation, which included a discussion around the risks, benefits and likely outcomes of the desired treatment.

The consent form was of a suitable standard and we confirmed that consent was taken prior to the initial treatment and before any subsequent treatments. We saw that aftercare advice is provided to patients following their treatment.

We confirmed that the consultation and consent forms were signed by both the patient and laser operator in the majority of records that we reviewed. However, we found there to be a small number of gaps in some of these. The service must ensure that patient records are signed and countersigned as required.

Care planning and provision

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of patient records and found evidence of a good standard of record keeping, which covered all areas of the patient journey. This included details of the consultation, initial consent and additional consent, and the risks and likely outcomes of the chosen treatment.

Equality, diversity and human rights

The service is located on the ground floor and is generally accessible to all.

The service emphasised that treatments are accessible and open to all prospective patients. We noted that there was an equality and diversity policy in place and mandatory staff training had been completed.

The service demonstrated a sensitive understanding of the needs of certain patient groups, and we were provided with an example of where the service had held appropriate discussions with a transgender patient to ensure that safe and effective treatment was provided in order to meet their individual needs.

Citizen engagement and feedback

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW.

The service told us that feedback is sought through social media and online reviews and is actively reviewed on a regular basis. Staff told us that informal feedback is welcomed and is fed back to the registered manager to consider.

Delivery of Safe and Effective Care

Managing risk and health and safety

Portable appliance testing (PAT) stickers were visible on all relevant appliances and had been reviewed within an appropriate timeframe. We noted that a new extension lead for the laser machine had been provided by the laser protection advisor (LPA) following a recent service.

We found that fire extinguishers had been reviewed within the last twelve months and that there was an allocated fire marshal for the premises. A brief fire risk assessment was included within the LPA risk assessment, and we were told that an overarching fire risk assessment had been completed by the College estates team. We advised the service to ensure that copies of the relevant paperwork are retained locally on the premises.

We found that there was a first aid kit available on the premises and that there were first aid trained persons within the wider College who would respond if required.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean and modern.

Staff described how a range of suitable infection control arrangements had been implemented. This involved the use of gloves at all times, disposable paper sheets and fresh linen, appropriate hand hygiene measures and sanitising of laser machine hand pieces and patient couches following their use.

The registered manager confirmed that specific changes had been made in response to COVID-19, including use of masks, providing treatments to one client at any given time and symptom screening questions before treatment is provided. Regular lateral flow testing was still in use by staff.

Appropriate clinical waste arrangements were in place through a contract with an external provider.

Safeguarding children and safeguarding vulnerable adults

We found that there was a clear safeguarding procedure in place for staff to follow in the event of a safeguarding concern. The procedure contained contact details for the local authority safeguarding team and staff were trained to an appropriate level. No treatments are provided to children and patient are asked to not bring children to their appointment.

Medical devices, equipment and diagnostic systems

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic. We found:

- Services of a Laser Protection Advisor (LPA) were appointed, and staff described good relations with the LPA should advice on the safe use of the laser equipment be required
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability
- Laser equipment had recently been serviced and staff confirmed that any equipment concerns are escalated through their LPA.

We noted that keys were kept away from the laser machine when not in use and were securely stored.

Safe and clinically effective care

We saw evidence that the laser operator had completed Core of Knowledge¹ training and manufacturer training in the use of the laser machine in 2017. This included level 4 laser and intense pulsed light (IPL) certification. However, we recommend that the Core of Knowledge training is completed every three years to ensure that staff remain up to date with any changes to best practice.

We reviewed the treatment protocols and found that these were up-to-date and had been reviewed by a General Medical Council (GMC) registered professional.

We saw that eye protection was available for all patients and operators. The eye protection was clearly labelled for a specific machine and was in adequate condition.

The treatment rooms were fitted with locks to ensure patient dignity and safety whilst laser equipment is in use. Appropriate signage on displayed on each treatment room door to remind staff and visitors.

We found that a patch test is required a minimum of 72 hours before treatment is provided. Staff told us that this is required for all treatments, and we confirmed that this was logged in the patient record.

Written aftercare information was available for patients to take away with them to prevent infection and to aid healing.

¹ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Participating in quality improvement activities

Staff demonstrated a good knowledge and understanding of the treatments provided and were enthusiastic about their area of practice. Urbasba forms part of the wider College and its learning provision for students who are studying and training within the beauty and complementary therapies field.

Records management

We found evidence of overall good record keeping. The sample of records reviewed were sufficiently detailed and were suitably maintained for new and returning patients in clear and consistent manner. Hard copies of files were kept securely on the premises.

Quality of Management and Leadership

Governance and accountability framework

The service is overseen by the HIW registered manager and there is one laser operator who provides paid treatments to members of the public.

The service had a number of policies and procedures in place. We reviewed a sample of these and found these overall met the needs of the service. As the service operates within the wider College structure, we advised the service to ensure that relevant documentations required for regulatory purposes are held locally to ensure compliance with the regulations and for access during inspections.

Staff confirmed that public liability insurance was provided through the College.

Dealing with concerns and managing incidents

Staff confirmed that there had been no concerns or incidents to date. They described their complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact. The service was aware of their responsibilities in notifying HIW of any serious incidents or events².

Workforce planning, training and organisational development

We noted that the service had recently employed new staff members and was in the process of developing its workforce.

We found that the registered manager had provided staff with an online training platform to develop their skills in a number of key compliance, customer service and legal areas. Specific training provision was provided for staff to eventually provide laser and IPL treatments.

Workforce recruitment and employment practices

Staff described suitable recruitment arrangements for the employment and on-going review of staff. This included appropriate pre-employment checks and confirmation of training prior to providing any treatments.

We saw evidence the registered manager and laser operator both had an appropriate level of Disclosure and Barring Service (DBS) certificate in place, however, we recommend that these are renewed every three years to ensure the suitability of staff to undertake their roles.

² www.hiw.org.uk/notify-us-event

We confirmed that there was a suitable staff development structure in place and that there were opportunities to request external training and development if required. Staff told us that appraisals were completed on an annual basis.

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 B - Immediate improvement plan

Service:

Date of inspection:

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 non-compliance issues were identified				

Appendix C - Improvement plan

Service: Urbasba

Date of inspection: 11 May 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The service must ensure that patient records are signed and countersigned as required as part of the consultation and consent process.	National Minimum Standard: 20 Independent Healthcare (Wales) Regulations 2011: Section 23	All operators to ensure all documentation is fully signed and counter signed by every patient on every consultation and consent form	L McCarthy - Operator R Jones - Manager	Begin with Immediate effect 28/6/22
The service must ensure that Core of Knowledge training is completed every three years to ensure that staff remain up to date with any changes to best practice.	National Minimum Standard: 24 Regulations: Section 21	Dates of each operators Core knowledge training, from initial training and each core training there after to be recorded and retrained and updated every 3 years from those dates. To be	L McCarthy - Operator R Jones - Manager	Dates to be noted with immediate effect of initial training, and on going every 3 years there after.

		carried out with manufacturer as an online/onsite based training update. To be complete with Skyncare company.		
The service must ensure that DBS checks are renewed every three years to ensure the suitability of staff to undertake their roles.	National Minimum Standard: 25 Regulations: Section 21	Dates of DBS of Manager and all operators to be noted with immediate effect. DBS to be renewed every 3 years accordingly.	L McCarthy - Operator R Jones - Manager	Dates of DBS be noted with immediate effect

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): L McCarthy

Job role: Operator/Manager

Date: 28/6/22