



Independent Healthcare Inspection (announced)

Urbasba @ Cardiff & Vale
College

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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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Urbasba @ Cardiff & Vale College on the 26 April 2018.

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

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

Overall, we found that Urbasba @ Cardiff & Vale College, Cardiff was committed to providing an effective service to its patients in an environment that was conducive to providing intense pulse light (IPL) treatments.

This is what we found the service did well:

- Patients were provided with sufficient information pre and post treatment
- The service is committed to providing a positive experience for patients, regularly seeking feedback to improve services where applicable
- The premises was modern, clean, tidy and well maintained
- The service had a range of quality improvement activities in place to monitor and identify areas that may require development
- We saw patient records being stored securely
- Staff received regular training in a number of areas to ensure their skills and knowledge remains relevant and up to date
- A number of services/departments within Cardiff & Vale College support Urbasba with regards to health and safety, safeguarding and human resources. This provided comprehensive support for all staff at Urbasba.

This is what we recommend the service could improve:

- Some updates to the patient guide and statement of purpose are required to ensure full compliance with the regulations.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Urbasba at Cardiff and Vale College is registered as an independent hospital to provide Intense Pulse Light (IPL) services at Dumballs Road, Cardiff, CF10 5FE.

The service was first registered with HIW on 4 September 2017.

The service employs a staff team which includes four IPL operators (one of whom is the main IPL operator).

A range of services are provided which include:

- Hair reduction
- Skin rejuvenation

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 that the staff were committed to providing a positive experience for patients. Feedback forms Urbasba had collected from their patients contained positive comments about their service to date.

The service ensured that patients were provided with detailed information pre and post treatment 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 and private manner.

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, which was signed by both the patient and operator. Patients' medical history/condition/s were checked at each appointment to ensure that treatment was provided in a safe way and recorded on the patient record.

Dignity and respect

Prior to any treatment, discussions with patients took place to ensure they understood how treatment would be performed.

Staff told us that, where applicable, chaperones would be used for some treatments and the room is closed when treatments are being carried out.

The premises had sufficient space for conversations to be conducted in private and personal information discussed without being overheard.

Patient information and consent

All patients receive a consultation before starting any treatment so the process and outcome/s can be fully explained. Risks and aftercare advice is also discussed at the consultation before a patient is asked to sign the consent form confirming their understanding and agreement to treatment. We saw evidence of completed consent forms, ensuring all areas were covered and signatures of patients and staff were present.

We found that patients were provided with sufficient information to make an informed decision about their treatment. This is because patients were provided with a face to face consultation prior to any treatment with an IPL operator. Discussions with patients included the risks, benefits and likely outcome of the treatment offered. We were told that patients were given a patch test prior to treatment as well as provided with after care advice following treatment. This meant that the service were taking steps to ensure patients' safety We saw examples of written information provided to patients.

Communicating effectively

A patients' guide was available providing information about the service and included the areas required by the regulations. We recommended the patients guide be updated to reflect HIW's new email address. In addition, following the inspection visit, the patient guide will need to reflect how patients can access the latest report.

A statement of purpose¹ was provided during our visit. On reviewing the document we found it contained the information required by the regulations. The date and author of the document, however, need to be completed.

Staff told us that the patients guide was given to patients after the first consultation, but the document was not readily available in the waiting area.

¹ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

Improvement needed

The patient guide needs to be updated to reflect HIW's new email address and information on how patients can access the latest inspection report need to be included. The updated patient guide should be submitted to HIW.

The date and name of the author of the statement of purpose needs to be included on the document.

Care planning and provision

All patients received a consultation appointment prior to treatment, which included a skin type assessment. We saw that the outcome of this assessment was documented and used to assist with treatments. We saw examples of information and aftercare documents, which included the risks and benefits of treatment.

We saw examples of patient records, which were detailed and updated by the patient and practitioner at each appointment.

We found the service maintained an overall treatment register specific to the IPL machine. The records were detailed and thorough as required by the regulations.

Equality, diversity and human rights

Urbasba was situated on the ground floor of Cardiff and Vale college campus, therefore accessible to anyone with a mobility difficulty. All treatment rooms were on one level, which provided easy access.

Citizen engagement and feedback

Urbasba had a system in place to obtain patient feedback. We saw samples of some completed patient questionnaires, each of which provided positive feedback about the service and treatments provided.

As the service had not been operating for a long period of time, there were not a substantial number of feedback forms available, but staff said it was their intention to review all feedback and ensure comments are reviewed and where applicable, suitable action taken.

Delivery of safe and effective care

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

There were systems in place which ensured that patients were being treated as safely as possible. We found the IPL machine was maintained in accordance with the manufacturer's guidelines and staff had up to date training on the use of the machine.

The treatment room was visibly clean and tidy and staff were aware of the cleaning tasks required on a daily basis to ensure standards remained high.

We found the service had taken steps to protect the health, safety and welfare of staff and patients.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the premises.

The health and safety team at Cardiff and the Vale College were responsible for the maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were fit for purpose and safe to use.

Certification was seen to show gas safety checks for the building were up to date.

Arrangements for fire safety were overseen by the college's health and safety team, who undertake fire risk assessments. Regular drills and fire alarm tests take place. Nominated fire marshals were also in place to ensure that staff, students and patients are escorted to safety in an emergency situation. Fire exits were signposted.

First aiders were available and the college ensures that their training is valid and maintained.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. Staff described in detail, the infection control arrangements at the service and the policy was consistent with those arrangements.

Cleaning schedules were used by the housekeeping staff. However, staff told us of the additional cleaning process used between patients, which included the IPL machine, the attachments for the IPL and treatment bed.

We found that suitable arrangements were in place for the storage and collection of waste.

Safeguarding children and safeguarding vulnerable adults

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

A policy for the safeguarding of adults was in place which contained a clear procedure for staff to follow in the event of any safeguarding concerns.

Staff told us that the college has its own safeguarding team and this is the first point of contact for staff and students if they have any safeguarding issues.

The staff had been trained in the protection of vulnerable adults and children. Students are made aware of the safeguarding policy..

Medical devices, equipment and diagnostic systems

We saw evidence that the IPL machine had been calibrated² and serviced in line with the manufacturer's guidelines.

We saw that there were treatment protocols in place for the IPL machine and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser³ (LPA) and there were local rules⁴ detailing the safe operation of the machine.

² Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

These rules had been reviewed by the LPA and we saw that they had been signed by staff who operated the IPL machine which indicated their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw certificates to evidence that the IPL operators had completed Core of Knowledge⁵ training and/or National Vocational Qualification (NVQ)⁶ level 4 for the use of IPL treatments. In addition, all staff had received training on how to use the IPL machine via the manufacturer.

We saw that eye protection was available for patients and the operator of the IPL machine. Staff confirmed that glasses were checked regularly for any damage.

There were signs and a light outside of the treatment room which indicated when the IPL machine was in use. We were told that the machine was kept secure at all times. The activation key for the machine was stored securely within a key coded safe.

We reviewed the documentation relating to the last Laser Protection Advisor's (LPA) visit. The report had no improvements identified.

³ The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

⁴ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁵ 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.

⁶ Level 4 Certificate in Laser and Intense Pulsed Light (IPL) Treatments is an advanced qualification that has been specifically designed for beauty therapists.

Participating in quality improvement activities

We found evidence that there were suitable systems in place to regularly assess and monitor the quality of service provided. For example, the service regularly sought the view of patients as a way of informing care and conducted audits of records to ensure consistency of information. Students were regularly observed to ensure their training was consistent with course standards and internal departments including health and safety assessed risks in relation to health and safety matters.

External audits from educational bodies are carried out at Urbasba to ensure the college are maintaining standards.

Records management

We found that patient information was kept securely. Paper records were kept in a cupboard that was locked and only accessible by authorised staff.

We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

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.

We found Urbasba at Cardiff and Vale college to have an effective team in place, which were supported by a management structure within which staff clearly understood their roles and responsibilities.

Systems were in place to ensure policies and procedures were updated and communicated to staff on a regular basis. The service had systems in place to ensure any complaints and/or compliments were logged, and responded to, in a timely way.

There were established systems in place to undertake pre-employment checks and support staff to remain up to date with their skills and knowledge.

Governance and accountability framework

Urbasba at Cardiff and Vale College is run by a Registered Manager and Responsible Individual. The day to day management of the service is undertaken by the Responsible Individual⁷ and supported by the Registered

⁷ The Responsible Individual (RI) is specifically tasked with the responsibility of supervising the management of the establishment. Visit www.hiw.org.uk for more information

Manager. The service has four IPL operators (one of whom is the main operator).

We saw the service had a number of policies in place which were updated regularly by the college. Documents had review and issue dates and there was a system to evidence when staff had read the policies and procedures, which we recognise as good practice.

All policies and procedures are accessible via the college's intranet. Any updates are emailed to staff and they ensure that key messages and updates are communicated to all staff and students via meetings.

We were told that staff meetings take place on weekly basis. Minutes are recorded and kept on the computer system so all staff can read them if they are unable to attend a meeting.

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

Dealing with concerns and managing incidents

We found that the service had a complaints and compliments procedure in place. Staff told us that the service had a suitable process in place for dealing with, and recording complaints appropriately and this demonstrated learning from any concerns or complaints raised.

The IPL service had not received any complaints since the service was registered.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users who operated the IPL machine had completed the Core of Knowledge training and/or NVQ level 4.

All staff had a mandatory training programme in place which ensured they maintained their skills and knowledge in a number of areas including safeguarding.

Workforce recruitment and employment practices

We were told about the recruitment and employment practices in place to ensure appropriate employment checks are undertaken in respect of new staff. This included a disclosure and barring service (DBS) check⁸ which we were told will be renewed every three years for all staff. We recognised this as good practice because it enables the service to make, and maintain, safer recruitment choices.

An induction programme was in place to support new starters, the completion of which was documented and kept on staff files.

Annual appraisals are also conducted for all staff which covers performance and development.

⁸ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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, measureable, 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 during this inspection.			

Appendix B – Improvement plan

Service: Urbasba @ Cardiff & Vale College

Date of inspection: 26 April 2018

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
Quality of the patient experience				
The patient guide needs to be updated to reflect HIW's new email address and information on how patients can access the latest inspection report need to be included. The updated patient guide should be submitted to HIW.	Regulation 7 (1) (f) & (g)	This will be completed by Responsible Individual with immediate effect each copy will be updated on our website	Rachel Jones	Immediate effect
The date and name of the author of the statement of purpose needs to be included on the document.	Regulation 6 (1) Schedule 1 (12)	This will be completed by Responsible Individual with immediate effect each copy will be updated on our website	Rachel Jones	Immediate effect

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
No recommendations were identified during this inspection.				
Quality of management and leadership				
No recommendations were identified during this inspection.				

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): Rachel Jones

Job role: Responsible Individual

Date: 3rd June 2018