



# RQIA Provider Guidance 2017-2018

## Independent Hospital

### Cosmetic Laser/Intense Pulse Light

# What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

# The Four Domains



# How We Will Inspect

We will inspect every Independent Hospital – Cosmetic Laser/Intense Pulse Light services at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect an Independent Hospital – Cosmetic Laser/Intense Pulse Light, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- Provide feedback on the day of the inspection to the registered person/manager on the outcome of the inspection; and
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014

# What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

## Is Care Safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

### Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

### Examples of Evidence

#### Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the establishment and clients
- There is an induction programme in place appropriate to the role
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role, including professional body Continuing Professional Development (CPD) recommendations and RQIA mandatory training, records should be retained for inspection
- A system is in place to ensure staff receive annual appraisal and records are retained

#### Laser/IPL Authorised Users

- Laser and intense light source procedures are carried out by authorised operators
- A register of authorised operators for the laser/IPLs is maintained and kept up to date

#### Recruitment and Selection

- Staff recruited since previous inspection have been recruited in line with Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended
- There is a written policy and procedure for staff recruitment. Policy should include: open recruitment process, advertising, application process, shortlisting, interview & selection process, issuing of job description & contract of employment, employment checks, references, employment history, AccessNI, health, professional qualifications
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended
- Enhanced Access NI checks received prior to new staff commencing work
- Recruitment and selection records should be retained in keeping with Regulation 21 (3) Schedule 3 Part II
- A staff register should be maintained up-to-date and retained for inspection in keeping with Regulation 21 (3) Schedule 3 Part II

### Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

### Examples of Evidence

#### Safeguarding

- Policies and procedures are in line with the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and Adult Safeguarding Operational Procedures (2016), Co-operating to Safeguard Children and Young People in Northern Ireland, (2016) and Area Child Protection Committees' Regional Policy and Procedures, (2005)
- There are arrangements in place to identify the Adult Safeguarding Champion/Safeguarding Lead (delete as appropriate)

- There are arrangements in place to embed the new regional operational safeguarding procedures
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns
- Safeguarding training is provided during induction and updated as necessary
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, additional identified safeguards are put in place
- Staff are aware of their obligations in relation to raising concerns about poor practice

### **Laser/IPL Safety**

- Medical treatment protocols are produced by a named registered medical practitioner who is trained and experienced in the relevant discipline
- There is a system in place for the continuous review of the treatment protocol/s by the named registered medical practitioner
- Local rules are in place that detail the normal operation of equipment
- There is written confirmation of the appointment and duties of a certificated laser protection advisor that is renewed annually
- There is written confirmation of the appointment and duties of a person who has overall onsite responsibility for safety during laser and IPL procedures
- Authorised operators have up to date training in laser and IPL safety and their use that complies with current legislative requirements and professional guidelines
- Authorised operators have signed to indicate that they have accepted and understood the local rules and medical treatment protocols drawn up for the use of lasers and IPLs
- All support staff have up to date awareness training in laser and IPL safety
- While the equipment is in use, the safety of all persons in the controlled area is the responsibility of a named member of staff
- A register is maintained every time the laser or IPL is operated
- A laser safety file is in place which contains all of the relevant information in relation to laser or IPL equipment

### **Indicator S3**

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

### **Examples of Evidence**

#### **Management of Medical Emergencies**

- A policy in relation to the management of medical emergencies is in place (to include training arrangements, provision of equipment, emergency medication, checking procedures, how to summon help, incident documentation and staff debriefing)
- Procedures in relation to the management of medical emergencies are in place
- Management of a medical emergency is included in induction and update training is provided annually
- Staff have knowledge & understanding of managing a medical emergency

#### **Infection Prevention Control and Decontamination Procedures**

- The environment is clean and clutter free
- Infection prevention and control (IPC) and decontamination policies and procedures are in place
- Staff have knowledge and understanding of IPC measures in line with best practice including the decontamination of laser/IPL machines
- There are cleaning schedules in place



### **Laser/IPL Safety**

- A risk assessment is undertaken by the Laser Protection Advisor every three years
- For all lasers and IPLs with a key switch, there are formal written arrangements for the safe custody of the key, separate from the equipment.
- The key is not left unattended with the equipment
- Protective eyewear is available for the client and authorised operator in accordance with the local rules

### **Indicator S4**

The premises and grounds are safe, well maintained and suitable for their stated purpose.

### **Examples of Evidence**

#### **Environment**

- The establishment is clean, clutter free, warm and pleasant
- There are no obvious hazards to the health and safety of clients and staff
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems and fire-fighting equipment, fixed electrical wiring installation)
- Arrangements are in place to ensure that environmental risk assessments are reviewed on an annual basis by a competent person

#### **Laser/IPL Equipment and Controlled Areas**

- The area around lasers and IPLs sources is controlled to protect other persons while treatment is in progress
- The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out
- Only one laser or IPL is in use in the same controlled area at the same time
- Warning signs that comply with current legislation, directives and standards are displayed on the equipment and on the outside of doors to the controlled area (and removed when the equipment is not in use)
- The door of the treatment room is locked when the laser or IPL equipment is in use which can be opened from the outside in the event of an emergency
- Lasers and IPLs are serviced and maintained in accordance with manufacturer's instructions to ensure they are operating within their design specification. A detailed record of all servicing and repairs is kept

# Is Care Effective?

The right care, at the right time in the right place with the best outcome.

## Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

### Examples of Evidence

#### Care Pathway

- All clients have an appointment consultation with the authorised operator who will be carrying out the laser or IPL procedure to assess the client. This is documented in the treatment record
- There are accurate and up to date treatment records for every client
- Provision is made for a follow-up service to ensure effective continuity of care for the client
- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection
- Records are securely stored – electronic/hard copy
- The establishment is registered with the Information Commissioners Office (ICO)

## Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

### Examples of Evidence

- A range of audits are undertaken routinely and actions identified for improvement are implemented into practice

## Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

### Examples of Evidence

- There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes
- Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment
- Advertising and marketing campaigns comply with guidance issued by professional bodies and the appropriate regulatory body
- There is an open and transparent culture that facilitates the sharing of information
- Clients are aware of who to contact if they want advice or have any issues/concerns
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively
- Learning from complaints/incidents/near misses is effectively disseminated to staff



# Is Care Compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## **Indicator C1**

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

### **Examples of Evidence**

- Staff can demonstrate how clients' modesty, privacy and dignity is respected at all times
- Staff can demonstrate how confidentiality is maintained
- Staff can demonstrate how consent is obtained
- Discussion with staff and observation of interactions demonstrate clients are treated with dignity and respect
- There is a suitable location for private consultation
- Clients' rights to make informed choices about care and treatment are acknowledged and respected
- There are arrangements in place to assist clients with a disability or who require extra support
- There is a policy and procedure on confidentiality

## **Indicator C2**

Service users are listened to, valued and communicated with, in an appropriate manner.

### **Examples of Evidence**

- There are arrangements in place for involving clients to make informed decisions
- There are arrangements for providing information in alternative formats/interpreter services, if applicable
- There is capacity for private consultation

## **Indicator C3**

There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

### **Examples of Evidence**

#### **Client Consultation**

- Client consultation (client satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis
- The results of the consultation are collated to provide a summary report
- The summary report is made available to clients
- An action plan is developed to inform and improve services provided, if appropriate
- RQIA staff/client questionnaire responses support the outcome that compassionate care in place

# Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

## Indicator L1

There are management and governance systems in place to meet the needs of service users.

### Examples of Evidence

#### Governance Arrangements

- The registered person monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate)
- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff
- Arrangements are in place to review risk assessments e.g. legionella, fire, HTM 01-05, Infection prevention society audit, Control of Substances Hazardous to Health (COSHH)

#### Complaints

- The establishment has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints
- Records are kept of all complaints and these include details of all communications with complainants, investigation records, the result of any investigation, the outcome and the action taken
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision

#### Incidents

- The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures

## Indicator L2

There are management and governance systems in place that drive quality improvement.

### Examples of Evidence

#### Quality Improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and clients

#### Quality Assurance

- Arrangements are in place for managing relevant alerts
- Arrangements are in place for staff supervision and appraisal
- There are procedures to facilitate audit, including clinical audit (e.g. IPS, x-ray, records, incidents, accidents, complaints)
- Results of audits are analysed and actions identified for improvement are embedded into practice

**Indicator L3**

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

**Examples of Evidence**

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the establishment
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s have understanding of roles and responsibilities as outlined in legislation
- Clients are aware of roles of staff within the establishment and who to speak with if they want advice or have issues/concerns
- The registered person is kept informed regarding the day to day running of the establishment

**Indicator L4**

The registered person/s operates the service in accordance with the regulatory framework.

**Examples of Evidence**

- The statement of purpose and client guide are kept under review, revised when necessary and updated
- Insurance arrangements are in place - public & employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- Any changes in the registration status of the service are notified to RQIA
- RQIA certificate of registration is on display and reflective of service provision
- The establishment has the correct categories of registration in line with services provided and the legislation

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence**

- There is a raising concerns/whistleblowing policy and procedural guidance for all staff
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal & supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements for management to effectively address staff suggestions/concerns

# Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where no areas for improvement are identified from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



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