

Announced Care Inspection Report 26 March 2019



Papilio Beauty & Laser Clinic

Service Type: Independent Hospital (IH)-Cosmetic Intense Pulse Light
(IPL)

Address: 13a Upper English Street, Armagh, BT61 7BH

Tel No: 02837523132

Inspector: Stephen O'Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Papilio Beauty & Laser Clinic provides a range of cosmetic/aesthetic treatments and is registered with RQIA for the following category of care; PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered.

IPL equipment:

Manufacturer: Energist Ltd
 Model: iPulse i200
 Serial Number: IF2542

Laser protection advisor (LPA)

Lasernet – Ms Anna Bass

Medical support services

Dr Paul Myers

Laser protection supervisor (LPS)

Mrs Ivy Hughes-Brennan

Authorised operator

Mrs Ivy Hughes-Brennan

Type of treatments provided

Hair removal, skin rejuvenation

3.0 Service details

Organisation/Registered Person: Mrs Ivy Hughes-Brennan	Registered Manager: Mrs Ivy Hughes-Brennan
Person in charge at the time of inspection: Mrs Ivy Hughes-Brennan	Date manager registered: 11 May 2017
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 26 March 2019 from 10:00 to 12:20.

This inspection was 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 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Two areas for improvement against the standards made during the previous care inspection in relation to recording all IPL treatments in the IPL register and undertaking client satisfaction surveys have not been fully met and are stated for the second time. A further two areas for improvement against the standards have been made. These relate to maintaining records of IPL safety training for support staff and developing an advertising policy.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Ivy Hughes-Brennan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 15 March 2018

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 15 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned to RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Hughes-Brennan, registered person and sole authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection

- safeguarding
- IPL safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mrs Hughes-Brennan at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2018

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3.9 Stated: First time	The registered person shall undertake training in relation to adult safeguarding commensurate with her role as safeguarding lead for the establishment.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that Mrs Hughes-Brennan completed an advanced adult safeguarding course on 24 March 2018. Mr Hughes-Brennan was reminded that refresher training should be completed at least every two years in keeping with the minimum standards.	
Area for improvement 2 Ref: Standard 48.4, 48.5 48.6, 48.11	The registered person shall ensure the following IPL documentation is reviewed and updated:-	Met

Stated: First time	<ul style="list-style-type: none"> • local rules • risk assessment • RPA 2000 certificate for the LPA • medical support certificate 	
Area for improvement 3 Ref: Standard 48.9 Stated: First time	<p>Action taken as confirmed during the inspection: Review of the dedicated IPL file evidenced that it included in date local rules issued by the LPA on 4 September 2018, a copy of the LPA risk assessment dated 4 September 2018 and a copy of an in date RPA 2000 certificate for the appointed LPA.</p>	
Area for improvement 3 Ref: Standard 48.9 Stated: First time	<p>The registered person shall ensure that the IPL register is completed on each occasion that a client receives an IPL treatment; be completed in black ink only and a code of the abbreviations in use is outlined in the front of the register.</p> <p>Action taken as confirmed during the inspection: A random sample of seven client treatment records was reviewed. A total of 15 treatments were recorded in the identified records were cross referenced with the IPL register. Three of the IPL treatments were not recorded in the treatment register. Mrs Hughes-Brennan was reminded that all IPL treatments must be clearly documented in the client treatment records and the IPL register.</p> <p>This area for improvement has been partially met and is stated for the second time.</p>	<p>Partially met</p>
Area for improvement 4 Ref: Standard 48.10 Stated: First time	<p>The registered person shall ensure that client records are completed accurately each time an IPL treatment is provided, including the signature of the authorised operator; consent forms signed by the authorised operator and the client; and the recording of patch tests.</p> <p>Action taken as confirmed during the inspection: Review of a random sample of seven client treatment records evidenced that each treatment record included evidence that a patch test was undertaken, that consent forms were signed by the client and authorised operator and that IPL treatment undertaken were recorded.</p>	<p>Met</p>
Area for improvement 5	<p>The registered person shall contact the ICO to ascertain if the service is required to register</p>	<p>Met</p>

Ref: Standard 8.5 Stated: First time	with the ICO.	
	Action taken as confirmed during the inspection: Mrs Hughes-Brennan confirmed that she contacted the ICO by telephone and following a discussion about the nature of services provided in Papilio Beauty & Laser Clinic was advised that the clinic was not required to register. Mrs Hughes-Brennan documented this telephone call. Mrs Hughes-Brennan was advised to undertake the ICO online self-assessment and to print the outcome of this to evidence the decision.	
Area for improvement 6 Ref: Standard Stated: First time	The registered person shall ensure that a client satisfaction survey is carried out by the establishment; ensure that the results of this survey are collated to provide a summary report which is made available to clients and other interested parties; and an action plan is developed to inform and improve services provided, if appropriate.	Not met
	Action taken as confirmed during the inspection: Mrs Hughes-Brennan advised that she had not undertaken a client satisfaction survey. This area for improvement has not been met and is stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Mrs Hughes-Brennan confirmed that she continues to be the sole authorised operator of the IPL machine.

A register of the authorised operator for the IPL was maintained and found to be up to date.

A review of training records evidenced that Mrs Hughes-Brennan, sole authorised operator, has up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, safeguarding adults and fire safety.

Mrs Hughes-Brennan advised that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received IPL safety awareness training. However; no record was made to evidence that support staff had received training. An area for improvement against the standards has been made in this regard.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Hughes-Brennan confirmed that should authorised operators be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Mrs Hughes-Brennan confirmed that Papilio Beauty & Laser Clinic does not provide IPL treatments to clients under the age 18 years.

It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

IPL safety

An IPL safety file was in place which contained all of the relevant information in relation to the IPL equipment in use.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 29 August 2019.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 30 August 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 4 September 2018 and all recommendations made by the LPA have been addressed.

Mrs Hughes-Brennan is the laser protection supervisor (LPS) and has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Mrs Hughes-Brennan as the sole authorised operators had signed to state that she had read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register in place, however; as discussed 15 treatments recorded in client records were cross referenced with the IPL register. Three of the IPL treatments were not recorded in the IPL register. Mrs Hughes-Brennan was reminded that all IPL treatments must be clearly document in the client treatment records and the IPL register. An area for improvement against the standards, stated for the second time has been made to address this. The IPL register was noted to include:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. An email from the organisation appointed to service the IPL machine evidenced that it was scheduled to be serviced on 1 April 2019.

Management of emergencies

As discussed, the authorised operator has up to date training in basic life support. Discussion with Mrs Hughes-Brennan confirmed she was aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs Hughes-Brennan evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal

protective equipment (PPE) were provided. As discussed previously, the authorised operator has up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher was available which had been serviced within the last year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

All support staff should have IPL safety awareness training on an annual basis. A record should be made of this training to include, the date of training, topics discussed and signatures of support staff who attended.

The IPL register must be completed on each occasion that a client receives an IPL treatment; it must be completed in black ink only and a code of the abbreviations in use must be outlined in the front of the register.

	Regulations	Standards
Areas for improvement	0	2

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Seven client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Mrs Hughes-Brennan confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

Communication

As discussed, 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.

Mrs Hughes-Brennan confirmed that the establishment does not have an advertising policy. An area for improvement against the standards has been made in this regard.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

An advertising policy should be developed in keeping with the Advertising Standards Agency guidelines.

	Regulations	Standards
Areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with the Mrs Hughes- Brennan regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised user present. Information is provided

to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a locked cupboard.

Client satisfaction surveys have not yet been carried out by the establishment. An area of improvement was identified against the standards in relation to carrying out a client satisfaction survey and ensuring that the results of this survey are collated to provide a summary report which should be made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

A client satisfaction survey should be been carried out by the establishment and ensure that the results of this survey are collated to provide a summary report which should be made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

	Regulations	Standards
Areas for improvement	0	1

6.7 Is the service well led?

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

Management and governance

Mrs Hughes-Brennan has overall responsibility for the day to day management of the service and as previously stated, does not employ any staff in relation to the delivery of the IPL service.

Mrs Hughes-Brennan is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. The policies and procedures are reviewed and updated as necessary as part of the LPA visit. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Mrs Hughes-Brennan demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the treatment room. Discussion with Mrs Hughes-Brennan demonstrated good awareness of complaints management.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Mrs Hughes-Brennan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Mrs Hughes-Brennan demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has not always been submitted within specified timeframes. Mrs Hughes-Brennan was reminded that all information requested by RQIA must be submitted within the specified timeframes. It was confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Hughes-Brennan.

6.9 Client and staff views

Eleven clients submitted questionnaire responses to RQIA. All 11 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 11 clients indicated that they were either very satisfied or satisfied with each of these areas of their care. No comments were included in the submitted client questionnaires.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Ivy Hughes-Brennan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.9 Stated: Second time To be completed by: 26 March 2019	<p>The registered person shall ensure that the IPL register is completed on each occasion that a client receives an IPL treatment; be completed in black ink only and a code of the abbreviations in use is outlined in the front of the register.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: yes</p>
Area for improvement 2 Ref: Standard 5.1 Stated: Second time To be completed by: 21 May 2019	<p>The registered person shall ensure that a client satisfaction survey is carried out by the establishment; ensure that the results of this survey are collated to provide a summary report which is made available to clients and other interested parties; and an action plan is developed to inform and improve services provided, if appropriate.</p> <p>Ref: 6.2 and 6.6</p> <p>Response by registered person detailing the actions taken: done</p>
Area for improvement 3 Ref: Standard 48.13 Stated: First time To be completed by: 21 May 2019	<p>The registered person shall ensure that all support staff have complete IPL safety awareness training on an annual basis. A record should be made of this training to include, the date of training, topics discussed and signatures of support staff who attended.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: done</p>
Area for improvement 4 Ref: Standard 1.7 Stated: First time To be completed by: 21 May 2019	<p>An advertising policy should be developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: advertising mainly on social media.and is not misleading or offer deadline discounts.</p>

Please ensure this document is completed in full and returned via Web Portal



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