Announced Care Inspection Report
30 January 2020

Papilio Beauty & Laser Clinic

Type of Service: Independent Hospital (IH) –
Intense Pulse Light (IPL) Service
Address: 13a Upper English Street, Armagh, BT61 7BH
Tel No: 028 3752 3132
Inspector: Emily Campbell

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 is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

IPL equipment:

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

Laser protection advisor (LPA)
Ms Anna Bass (Lasermet)

Medical support services
Dr Paul Myers (Lasermet)

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 Provider: 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 30 January 2020 from 10:25 to 12:45.

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 recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Five areas for improvement against the standards were identified. One area for improvement in relation to carrying out client satisfaction surveys has been made for the third and final time, and one area for improvement in relation to support staff laser awareness training has been made for the second time. Three areas for improvement have been made in relation to fire safety awareness training, the laser protection advisor (LPA) agreement and review of the local rules, and review of the medical treatment protocols.

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	5

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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 26 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 March 2019.

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 provided prior to the inspection; however, this was not on display. Mrs Hughes-Brennan was reminded that posters should be on display in respect of future inspections.

During the inspection the inspector met with Mrs Hughes-Brennan.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser 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 26 March 2019

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 March 2019

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 48.9 **Stated:** Second time	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.	**Met**

	Action taken as confirmed during the inspection: Seven client care records were reviewed and were cross referenced with the IPL register. Of the 22 treatments provided, 21 were recorded in the IPL register. This oversight was discussed with Mrs Hughes-Brennan, who provided assurance that more attention would be given to ensure that all treatments are entered in the IPL register.	
Area for improvement 2 **Ref**: Standard 5.1 **Stated:** Second 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: A client satisfaction survey had not been carried out. This area for improvement has therefore been stated for the third and final time. A copy of the client satisfaction summary report should be provided to RQIA on completion.	
Area for improvement 3 **Ref**: Standard 48.13 **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: Mrs Hughes-Brennan confirmed that support staff have complete IPL safety awareness, however, there was no evidence retained in this regard. This area for improvement was therefore stated for the second time.	
Area for improvement 4 **Ref**: Standard 1.7 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: An advertising policy was not available; however, Mrs Hughes-Brennan developed this during the inspection.	

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

Mrs Hughes-Brennan confirmed that she continues to be the sole authorised operator of the IPL machine. A register of authorised operators for the IPL is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that Mrs Hughes-Brennan had up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and safeguarding adults at risk of harm, in keeping with the RQIA training guidance. However, fire safety awareness training had expired on 21 November 2019. An area for improvement against the standards was made that fire safety awareness training should be undertaken and updated on an annual basis.

As discussed previously, Mrs Hughes-Brennan confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training; however, there was no evidence retained in this regard. An area for improvement against the standards was made for the second time in this regard. A record should be made of this training to include, the date of training, topics discussed and signatures of support staff who attended.

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

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

Mrs Hughes-Brennan was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mrs Hughes-Brennan 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

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) and local rules were in place which have been developed by the LPA. However; although Mrs Hughes-Brennan confirmed the service level agreement between the establishment and the LPA had been renewed on 3 September 2019, there was no documentary evidence to support this and the local rules had not been reviewed on the due date of 3 September 2019. An area for improvement against the standards was made in this regard.

The local rules contained the relevant information pertaining to the IPL equipment being used.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers, which were valid to 30 August 2019. An area for improvement against the standards was made that documentary evidence should be obtained confirming that the medical treatment protocols have been reviewed and a revised review date identified. Records should be retained in the laser safety file.

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 operator 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 and includes:

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

As discussed previously, review of seven client care records cross referenced with the IPL register identified that 21 of 22 treatment provided were recorded in the IPL register. This oversight was discussed with Mrs Hughes-Brennan, who provided assurance that more attention would be given to ensure that all treatments are entered in the IPL register.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. Documentary evidence was available confirming that the IPL had been serviced on 14 January 2020; Mrs Hughes-Brennan is awaiting the written service report.

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. It was noted that the disposable hand towel dispenser in the toilet facility was empty and a fabric hand towel had been provided. This was discussed with Mrs Hughes-Brennan, who readily agreed to address this matter.

As discussed previously, the authorised operator has up to date training in infection prevention and control.

Risk Management

Mrs Hughes-Brennan confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Mrs Hughes-Brennan demonstrated that arrangements were in place to review risk assessments.

Arrangements were in place for maintaining the environment. This included servicing of fire safety equipment and portable appliance testing (PAT).

Mrs Hughes-Brennan confirmed that a fire risk assessment had been undertaken. As discussed previously Mrs Hughes-Brennan's fire safety awareness training had expired on 21 November 2019 and an area for improvement against the standards was made in this regard.

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 is available which has 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, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

Fire safety awareness training should be undertaken by the authorised operator and be updated on an annual basis.

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.

Documentary evidence that the service level agreement between the establishment and the LPA has been renewed and the local rules have been reviewed should be obtained and retained in the laser safety file.

Documentary evidence should be obtained confirming that the medical treatment protocols have been reviewed and a revised review date identified. Records should be retained in the laser safety file.

	Regulations	Standards
Areas for improvement	0	4

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.

Audits

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. Mrs Hughes-Brennan confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

As discussed previously, an advertising policy was developed this during the inspection.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 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 operator 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. As discussed previously, an area of improvement was made against the standards for a third and final time 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. A copy of the client satisfaction summary report should be provided to RQIA on completion.

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. A copy of the client satisfaction summary report should be provided to RQIA on completion.

	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.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Hughes-Brennan is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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 available in the establishment. Discussion with Mrs Hughes-Brennan demonstrated good awareness of complaints management. There have been no complaints since the previous inspection; however, Mrs Hughes-Brennan confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Mrs Hughes-Brennan 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.

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 clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs Hughes-Brennan.

6.9 Client and staff views

Eight clients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

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 13.1 **Stated:** First time	The registered person shall ensure that fire safety awareness training is undertaken by the authorised operator and be updated on an annual basis. Ref: 6.4
To be completed by: 30 March 2020	**Response by registered person detailing the actions taken:**

Area for improvement 2 **Ref**: Standard 48.13 **Stated:** Second time **To be completed by:** 30 March 2020	The registered person shall ensure that all support staff 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. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref**: Standard 48.5 and 48.6 **Stated:** First time **To be completed by:** 28 February 2020	The registered person shall obtain documentary evidence that the service level agreement between the establishment and the LPA has been renewed and the local rules have been reviewed should be obtained and retained in the laser protection file. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 4 **Ref**: Standard 48.4 **Stated:** First time **To be completed by:** 28 February 2020	The registered person shall obtain documentary evidence that the medical treatment protocols have been reviewed and a revised review date identified. Records should be retained in the laser protection file. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 5 **Ref**: Standard 5.1 **Stated:** Third time **To be completed by:** 28 February 2020	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. A copy of the client satisfaction summary report should be provided to RQIA on completion. Ref: 6.6
	Response by registered person detailing the actions taken:

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

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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