

# **Announced Care and Variation to Registration Inspection Report 15 August 2017**



**Elaine McVeigh – Aesthetic Enhancement Ltd**

**Type of Service: Cosmetic Independent Hospital (IH) –Intense Pulse  
Light (IPL) Service**

**Address: 7B Messines Terrace, Racecourse Road, Londonderry,  
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**Inspector: Stephen O'Connor**

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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

This is a cosmetic laser service providing treatments using an Intense Pulse Light (IPL) machine.

### IPL equipment:

- Manufacturer: Ellipse Light
- Model: SP1
- Serial Number: 06040714
- Hand Pieces: VL-2, HR

### Laser protection advisor (LPA):

Mr Alex Zarneh

**Laser protection supervisor (LPS):**

Ms Elaine McVeigh

**Medical support services:**

Dr Rupert Gabriel

**Authorised operator:**

Ms Elaine McVeigh

**Types of treatment provided:**

- hair removal
- skin rejuvenation
- thread vein removal

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Aesthetic Enhancement Ltd  <b>Responsible Individual:</b> Ms Elaine McVeigh	<b>Registered Manager:</b> Ms Elaine McVeigh
<b>Person in charge at the time of inspection:</b> Ms Elaine McVeigh	<b>Date manager registered:</b> 26/09/2016
<b>Categories of care:</b> PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

**4.0 Inspection summary**

A combined announced care and variation to registration inspection took place on 15 August 2017 from 13:40 to 15:30.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

A variation to registration application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Ms Elaine McVeigh, registered person. The application was to relocate the establishment to new premises and to change the name of the service from Rocha Celeste Limited t/a Studio Hair and Beauty to Elaine McVeigh – Aesthetic Enhancement Ltd. Additional information in respect of this Limited company can be found in section 6.7 of this report.

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. The inspection also sought to review the arrangements for the provision of IPL treatments associated with the application of variation to relocate to new premises.

Examples of good practice were evidenced in all four domains. These related to infection prevention and control, IPL safety, the client experience, the environment, management of clinical records, and governance arrangements.

Three areas requiring improvement were identified against the regulations. These relate to ensuring the recommendations made in the fixed electrical wiring installation inspection report are actioned, that the name of the entity operating the service is confirmed in writing to RQIA and that the RQIA registration certificate is on prominent display.

Five areas requiring improvement were identified against the standards. One area for improvement identified during the previous inspection in regards to client consultation has been partially addressed and the unaddressed component has been stated for the second time. The other four areas for improvement against the standards are in relation to fire safety training, to ensure the medical treatment protocols are reviewed every 12 months, that Ms McVeigh, safeguarding lead, completes formal training in safeguarding adults and that the adult safeguarding policy is further developed.

The variation to registration application to relocate to new premises cannot be approved until such times as the name of the entity that is operating the establishment is clarified in writing to RQIA. RQIA will continue to review this and ensure that appropriate action is taken.

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
<b>Total number of areas for improvement</b>	3	5

Details of the Quality Improvement Plan (QIP) were discussed with Ms Elaine McVeigh, 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 pre-registration premises inspection dated 25 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 May 2016.

#### 5.0 How we inspect

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

- review of the submitted variation to registration application
- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Client questionnaires were issued to the establishment prior to the inspection. No completed client questionnaires were submitted to RQIA prior to the inspection. Ms McVeigh confirmed that she did not distribute these to clients and that this was an oversight. No staff are employed in Elaine McVeigh – Aesthetic Enhancement Ltd and therefore RQIA did not issue staff questionnaires prior to the inspection.

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

During the inspection the inspector met with Ms McVeigh, registered person and 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 the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent pre-registration premises inspection dated 25 May 2016**

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

## 6.2 Review of areas for improvement from the last care inspection dated 20 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 39  <b>Stated:</b> First time	Ms McVeigh must ensure that she has completed authorised users mandatory training in the following areas: <ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• basic life support</li> <li>• fire safety</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that Ms McVeigh had completed infection prevention and control training on 18 July 2016, basic life support training on 05 September 2016 and fire safety training on 20 July 2016. Ms McVeigh was advised that fire safety training should be completed on an annual basis.  An area for improvement against the standards in relation to refresher training has been made.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 39 (1)  <b>Stated:</b> First time	Ms McVeigh must ensure that medical treatment protocols for each treatment provided using the IPL machine are developed by an appropriately qualified medical practitioner. A copy of the medical treatment protocols must be retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that medical treatment protocols produced by Dr Rupert Gabriel for all treatments provided using the IPL machine were available. It was noted that the medical treatment protocols had an implementation date of 27 July 2016 and a review date of 26 July 2017 recorded on the front cover.  An area for improvement has been identified against the standards that arrangements are established to ensure the medical treatment	

	protocols are reviewed in keeping with the review date recorded on the protocols.	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.1  <b>Stated:</b> First time	<p>It is recommended that a system to consult with clients on an annual basis in regards to the quality of treatment provided should be developed and implemented. A report detailing the main findings of the consultation should be generated and made available to clients and other interested parties.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with Ms McVeigh and review of documentation evidenced that a client satisfaction survey template had been developed. However, Ms McVeigh confirmed that the client satisfaction survey had not been distributed to clients.</p>	
	<p>This area for improvement has been partially addressed and the unaddressed component has been stated for a second time.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48.13  <b>Stated:</b> First time	<p>Ms McVeigh should ensure that a record is retained that IPL safety awareness training is provided for staff not directly involved in the use the IPL machine.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Ms McVeigh confirmed that she is the only staff member in the new premises. Ms McVeigh confirmed that should support staff commence employment in the future they will undertake IPL safety awareness training and that a record to confirm this will be retained.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.6  <b>Stated:</b> First time	<p>It is recommended that a laminated/wipe-clean poster promoting hand hygiene is displayed near the hand washing facilities.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A laminated hand hygiene poster was observed to be on display near the dedicated hand washing basin in the treatment room.</p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time	<p>It is recommended that written protocols for the decontamination of equipment between clients and cleaning schedules are developed in keeping with the manufacturers' instructions and best practice guidelines.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b> Ms McVeigh confirmed that she is solely responsible for environment cleaning and the decontamination of equipment between clients. Ms McVeigh outlined the procedure to decontaminate the IPL machine. Written protocols and cleaning schedules have been developed.</p>	
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 48.11  <b>Stated:</b> First time</p>	<p>It is recommended that the recommendations made in the LPA risk assessment are signed and dated by the LPS to confirm they have been addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> The most recent LPA risk assessment was dated March 2016. Review of this document and discussion with Ms McVeigh evidenced that all recommendations within the risk assessment have been actioned. Ms McVeigh had signed and dated each recommendation to confirm they had been actioned. Ms McVeigh confirmed that the LPA had visited the new premises during July 2017 and that no recommendations were made as a result of this visit.</p>	<b>Met</b>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Standard 48.6  <b>Stated:</b> First time</p>	<p>Written confirmation should be retained of the appointment and duties of the LPA.</p> <p><b>Action taken as confirmed during the inspection:</b> Confirmation was retained of the appointment and duties of a LPA.</p>	<b>Met</b>

### 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

Ms McVeigh confirmed that IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the IPL machine reflects that Ms McVeigh is the only authorised user.



It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

A review of training records evidenced that Ms McVeigh had up to date training in core of knowledge training, application training for the equipment in use and infection prevention and control and basic life support. As discussed an area for improvement against the standards has been made in regards to completing refresher training in fire safety. Ms McVeigh confirmed that she had not completed formal training in safeguarding adults at risk of harm. This is discussed further in the safeguarding section below.

Ms McVeigh is the only person who works in Elaine McVeigh – Aesthetic Enhancement Ltd, and she confirmed that should any support staff be employed in the future that they would receive IPL safety awareness training.

### **Recruitment and selection**

There have been no authorised operators recruited since the previous inspection. During discussion Ms McVeigh confirmed that should authorised operators be recruited in the future robust systems and processes will be 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**

Ms McVeigh was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

As discussed, Ms McVeigh confirmed that she had not undertaken any training in respect of safeguarding adults at risk of harm. This has been identified as an area for improvement against the standards.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. Review of the safeguarding adults policy evidenced that it lacked detail. The further development of this policy to include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise has been identified as an area for improvement against the minimum standards.

On the afternoon of the inspection the documents listed below were forwarded to Ms McVeigh by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)

### **IPL safety**

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

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 during November 2017.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Rupert Gabriel on 27 July 2016. As discussed, the review date recorded by Dr Gabriel on the medical treatment protocols was 16 July 2017. An area for improvement against the standards has been made to establish arrangements to review the medical treatment protocols in keeping with the review date recorded on the protocols. 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 during March 2016 and all recommendations made by the LPA have been addressed. Ms McVeigh confirmed that the appointed LPA visited the new premises on 16 July 2017 and that no recommendations were made as a result of this visit. Ms McVeigh confirmed that the LPA risk assessment will be retained in the laser protection file when received by the establishment.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. The authorised operator has signed to state that they have 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 keypad. Arrangements are in place for the safe custody of the keypad codes 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 IPL equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- 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. The most recent service report of 12 May 2017 was reviewed as part of the inspection process.

### **Management of emergencies**

As discussed, Ms McVeigh had completed basic life support training on 5 September 2016. Discussion with Ms McVeigh evidenced that she was aware of 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 Ms McVeigh 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, Ms McVeigh, authorised operator had 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced during July 2017.

Ms McVeigh confirmed that the landlord is responsible for ensuring the fire detection system is serviced and maintained. A fire risk assessment had been completed in house and Ms McVeigh confirmed this would be reviewed on an annual basis.

Ms McVeigh confirmed that portable appliance testing (PAT) of electrical equipment is undertaken on an annual basis.

Ms McVeigh confirmed that the landlord had arranged for the fixed electrical wiring installations to be inspected during June 2017. Review of the report evidenced that four C3 recommendations had been made within the report. It was not clear if these recommendations had been actioned or not. An area for improvement against the standards has been made in this regard.

### **Client views**

As discussed Elaine McVeigh – Aesthetic Enhancement Ltd does not employ any staff and Ms McVeigh confirmed that she did not distribute client questionnaires, therefore no completed client or staff questionnaires were submitted to RQIA.

### **Areas of good practice**

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

## Areas for improvement

Ms McVeigh should undertake refresher training in fire safety.

Arrangements should be established to ensure the medical treatment protocols are reviewed.

Ms McVeigh should complete formal training in safeguarding adults.

The adult safeguarding policy should be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The C3 recommendations made within the fixed electrical wiring installation report should be actioned and records retained.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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.

Four 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.

The establishment is registered with the Information Commissioners Office (ICO).

## 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.

The establishment has a policy for advertising and marketing which is in line with legislation.

## Client views

No completed client questionnaires were submitted to RQIA prior to 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
<b>Total number of areas for improvement</b>	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 the Ms McVeigh, 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 lockable storage case.

As discussed, review of documentation and discussion with Ms McVeigh evidenced that a client feedback questionnaire template has been developed. However, the feedback questionnaires have not been distributed to clients. An area for improvement against the standards has been stated for the second time in this regard.

## Client views

No completed client questionnaires were submitted to RQIA prior to the inspection.

### 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 report detailing the main findings of the consultation should be generated and made available to clients and other interested parties.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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

Ms McVeigh confirmed that the establishment relocated to the current premises during May 2017. The variation to registration application in respect of the relocation of the establishment was not submitted to RQIA until 16 June 2017. Ms McVeigh was reminded that any changes to the registration status of the establishment must be notified to RQIA at the earliest opportunity. On review of the variation to registration application it was not clear if the limited company operating the establishment had changed. The variation application made reference to two limited companies Rocha Celeste Ltd and Aesthetic Enhancement Limited. On discussion with Ms McVeigh it was not clear which limited company was operating the service and what relationship, if any, there was between the two limited companies. An area for improvement against the regulations has been made in this regard.

Ms McVeigh is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Ms McVeigh confirmed these were reviewed on an annual basis.

Discussion with Ms McVeigh demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Ms McVeigh demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with Ms McVeigh 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.

Ms McVeigh confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals and that if required an action plan would be developed and embedded into practice to address any shortfalls identified.

Ms McVeigh, registered person, demonstrated a fair understanding of her role and responsibility in accordance with legislation. Ms McVeigh confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

Ms McVeigh confirmed that following the move to the new premises the RQIA certificate of registration could not be located. Ms McVeigh was advised that the RQIA certificate of registration should be displayed appropriately. An area for improvement against the regulations has been made in this regard.

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

### **Client views**

No completed client questionnaires were submitted to RQIA prior to the inspection.

### **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**

The name of the entity operating the establishment must be confirmed in writing to RQIA.

The RQIA certificate of registration must be prominently displayed.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	0

## **6.8 Conclusion**

The variation to registration application to relocate to new premises cannot be approved until such times as the name of the entity that is operating the establishment is clarified in writing to RQIA. RQIA will continue to review this and ensure that appropriate action is taken.

## **7.0 Quality improvement plan**



Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Elaine McVeigh, 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, Social Services and Public Safety (DHSSPS) 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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1	Ms McVeigh should ensure that the C3 recommendations made within the fixed electrical wiring installation inspection report are actioned and records retained.
Ref: Regulation 25 (2) (a)	
Stated: First time	Ref: 6.4
To be completed by: 15 September 2017	Response by registered person detailing the actions taken: <i>yes. My landlord is seeing to this. I have been in contact with him. (electrician coming next week)</i>
Area for improvement 2	Ms McVeigh must confirm in writing to RQIA the name of the limited company that is operating the service.

Ref: Regulation 30 (e) (i)	Ref: 6.7
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 15 September 2017	<i>My accountant has written to Mark Lynch regarding this (in writing from accountant)</i>
Area for improvement 3	Ms McVeigh should ensure that the RQIA registration certificate is displayed in a prominent place.
Ref: Regulation 28 (1)	Ref: 6.7
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 15 September 2017	<i>Please forward me a replacement. It was mislaid in the hall.</i>
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
Area for improvement 1	Ms McVeigh as the authorised operator should complete refresher training in fire safety on an annual basis.
Ref: Standard 13.1	Ref: 6.4
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 15 October 2017	<i>I will complete by end of October</i>
Area for improvement 2	Ms McVeigh should ensure that arrangements are established to ensure the medical treatment protocols are reviewed in keeping with the review date recorded on the protocols.
Ref: Standard 48.4	Ref: 6.4
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 15 September 2017	<i>This has been done. I can email proof from my cabinet copy is file.</i>
Area for improvement 3	It is recommended that a system to consult with clients on an annual basis in regards to the quality of treatment provided should be developed and implemented. A report detailing the main findings of the consultation should be generated and made available to clients and other interested parties.
Ref: Standard 5.1	Ref: 6.6
Stated: Second time	Response by registered person detailing the actions taken:
To be completed by: 15 October 2017	<i>In process of doing this a format of questionnaire has been done, will be completed by end of Oct</i>
Area for improvement 4	Ms McVeigh as the safeguarding lead should complete formal training in safeguarding adults. The adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised September 2016).
Ref: Standard 3.9	Ref: 6.4
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 15 October 2017	<i>I have made contact with NI ASP and Claire Maddison at volunteer now. I will be hopefully doing 1 day course on the 10th - 10th in Bery. Keeping Adults safe (Level 1)</i>

<b>Area for improvement 5</b>  <b>Ref: Standard 3.1</b>  <b>Stated: First time</b>  <b>To be completed by:</b> 15 September 2017	The adult safeguarding policy should be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> I am unsure what this means. Is it record keeping? Please send additional info.
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**\*Please ensure this document is completed in full and returned to RQIA's Office\***



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