

# Announced Care Inspection Report 7 September 2018



## UberSkin

**Type of Service: Independent Hospital (IH) –  
Cosmetic Laser/Intense Pulse Light (IPL) Service**  
**Address: 27 Culmore Road, Derry – Londonderry BT48 8JB**  
**Tel No: 074 37377244**  
**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.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

UberSkin is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments using lasers and an intense pulse light (IPL) machines. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.

### Laser equipment

Manufacturer: Cynosure  
Model: PicoSure

Serial Number: PIC 00342  
Laser Class: Class 4  
Wavelength: 755nm

Manufacturer: Cynosure  
Model: Icon  
Serial Number: 25 – 2310  
Laser Class: Class 4  
Wavelength: 1540 nm

The Cynosure Icon laser is a multi-platform laser that is capable of operating as an Intense Pulse Light (IPL) machine by changing the handpiece. An IPL handpiece is available in the establishment.

**Laser protection advisor (LPA)**

Ms Estelle Walker (Onephton)

**Laser protection supervisor (LPS)**

Mrs Michelle Lyners

**Medical support services**

Dr Paul Myers

**Authorised operators**

Mrs Michelle Lyners

Mr Eldred Julis

**Types of treatment provided using the laser**

- tattoo removal
- skin rejuvenation
- pigmented lesions
- treatment of acne scarring
- vascular

**Types of treatment provided using the IPL handpiece**

- hair removal
- thread veins
- vascular

### 3.0 Service details

<b>Organisation/Registered Person:</b> Ubuntu Clinics Ltd t/a UberSkin  <b>Responsible Individual:</b> Mrs Michelle Lyners	<b>Registered Manager:</b> Mrs Michelle Lyners
<b>Person in charge at the time of inspection:</b> Mrs Michelle Lyners	<b>Date manager registered:</b> 16 February 2015
<b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### 4.0 Inspection summary

An announced inspection took place on 07 September 2018 from 09:55 to 12:00.

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 staffing; staff recruitment; authorised operator training; adult safeguarding; laser and IPL safety; the management medical emergencies; clinical records; the environment; infection prevention and control; 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.

No areas for improvement were identified during the inspection.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Lyners, registered person and authorised operator, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 2 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 November 2017.

#### 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 submitted to RQIA.

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

During the inspection the inspector met with Mrs Lyners, registered person and authorised operator.

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 Lyners at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 November 2017

The most recent inspection of the UberSkin 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 2 November 2017

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 12  <b>Stated:</b> First time	The registered person shall ensure that a full and complete variation to registration application and fee is submitted to RQIA to add the following category of care to the establishment's registration: Prescribed techniques or prescribed technology: establishments using intense light sources.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following the previous inspection a full and complete variation to registration application to add the above category of care was submitted to RQIA. Following review of the variation to registration application the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources, was added to the establishment's registration with effect from 10 April 2018.	

### 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 Lyners confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Lyners confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL machines is maintained and kept up to date.

Mrs Lyners confirmed that should authorised operators be recruited in the future they will complete an induction programme and records will be retained.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm, in keeping with the RQIA training guidance.

All other staff not directly involved in the use of the laser equipment had received laser/IPL safety awareness training. Mrs Lyners is aware that this training should be refreshed on an annual basis.

#### Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Mrs Lyners 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.

#### Safeguarding

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

Mrs Lyners 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 Lyners confirmed that the other authorised operator is aware that she is the nominated safeguarding lead.

Review of records demonstrated that all authorised operators in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. 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.

### **Laser/IPL safety**

A laser/IPL safety file was in place which contained all of the relevant information in relation to laser and 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 on 29 October 2018.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 27 April 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 and laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 30 October 2017 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser and IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

The environment in which the laser and 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 laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

The Cynosure Picosure laser is operated using a key; the Cynosure Icon laser is operated using a keypad code. Arrangements are in place for the safe custody of the laser key and keypad code 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 and IPL equipment is in use and removed when not in use.

The establishment has three registers, one for both laser machines and one for when the IPL handpiece is used with the Cynosure Icon laser. The registers are 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 laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of March 2018 was reviewed as part of the inspection process.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with Mrs Lyners confirmed 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 Mrs Lyners 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, authorised operators have 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 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; appraisal; adult safeguarding; laser and IPL safety; management of emergencies; infection prevention and control; risk management; and the environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 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 laser and 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.

Three 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 Lyners 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 Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

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.

### 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 the Mrs Lyners 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, and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

### 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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

There was a clear organisational structure within the establishment and Mrs Lyners confirmed that the other authorised operator is aware of his role and responsibilities and who to speak to if he had a concern. Mrs Lyners confirmed that there were good working relationships and that any concerns or suggestions raised by the other authorised operator would be addressed. Arrangements were in place to facilitate annual staff appraisal. Mrs Lyners has overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Mrs Lyners confirmed that the other authorised operator is aware of the policies and how to access them.

Discussion with Mrs Lyners demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Lyners demonstrated a good awareness of complaints management.

Discussion with Mrs Lyners 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.

Mrs Lyners confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Mrs Lyners confirmed that the other authorised operator is aware of who to contact if he had a concern.

Mrs Lyners, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Lyners 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

### 6.9 Client and staff views

Fourteen clients submitted questionnaire responses to RQIA. All 14 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 clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Top-class treatment received. Not one thing to complain about.”
- “Very informative and realistic consultations.”
- “Attention to detail and after care was excellent.”
- “Excellent professional clinic. Well run and organised.”

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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