

Announced Care Inspection Report 30 November 2016



Uberskin

Type of Service: Independent Hospital (IH) – Cosmetic Laser Service

Address: 27 Culmore Road, Londonderry, BT48 8JB

Tel No: 074 37377244

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Uberskin took place on 30 November 2016 from 09:55 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last care and premises inspections and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Michelle Lyners, registered person/manager and authorised user demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mrs Lyners demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Lyners demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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 (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Lyners, registered person/manager, 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.

1.2 Actions/enforcement taken following the most recent care and premises inspections

There were no further actions required to be taken following the most recent care inspection. One issue remains outstanding in respect of the most recent premises inspection. Additional information in this regard can be found in section 4.6 of this report.

2.0 Service details

Registered organisation/registered person: Unbuntu Clinics Ltd t/a Uberskin Mrs Michelle Lyners	Registered manager: Mrs Michelle Lyners
Person in charge of the home at the time of inspection: Mrs Michelle Lyners	Date manager registered: 16 February 2015
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

Laser equipment

Manufacturer: Cynosure
 Model: PicoSure
 Serial Number: PIC 00342
 Laser Class: Class 4
 Wavelength: 755nm

Laser protection advisor (LPA) – Ms Estelle Walker (Onephoton)

Laser protection supervisor (LPS) – Mrs Michelle Lyners

Medical support services – Dr Paul Myers

Authorised users – Mrs Michelle Lyners and Mr Eldred Julis

Types of treatment provided –

- Tattoo removal
- Skin rejuvenation
- Pigmented lesions
- Treatment of acne scarring

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Mrs Michelle Lyners, registered person/manager and authorized user. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care and premises inspections dated 22 December 2015

The most recent care inspection of the establishment was an announced variation to registration care inspection. No requirements or recommendations were made during this inspection.

The most recent premises inspection of the establishment was an announced variation to registration inspection. One issue remains outstanding in respect of the most recent premises inspection. Additional information in this regard can be found in section 4.6 of this report.

4.2 Review of requirements and recommendations from the last care inspection dated 22 December 2015

As above.

4.3 Is care safe?

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 treatments are only carried out by authorised users. A register of authorised users for the laser is maintained and kept up to date.

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

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

All other staff not directly involved in the use of the laser equipment, had received laser safety awareness training.

Recruitment and selection

Review of records and discussion with Mrs Lyners evidenced that one new authorised user had commenced employment since the previous inspection. Review of the identified personnel file evidenced that in the main all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained, with the exception of a criminal conviction declaration and a contract/agreement of employment. Mrs Lyners submitted a copy of the criminal conviction declaration and contract of employment to RQIA by email following the inspection.

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

Safeguarding

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 is the nominated safeguarding lead within the establishment.

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

Policies and procedures were in place for the safeguarding and protection of adults 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. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Laser safety

A laser safety file was in place which contained all of the relevant information in relation to laser 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 December 2016. Mrs Lyners provided assurances that the arrangements are in place to renew the LPA service level agreement.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 06 January 2016. 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 laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during December 2015 and all recommendations made by the LPA have been addressed.

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

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

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

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser 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. A laser safety warning sign is displayed when the laser equipment is in use and it is removed when not in use.

The establishment has a laser 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 laser equipment in line with the manufacturer's guidance. The most recent service report of 23 May 2016 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised users 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 uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised users have up to date training in infection prevention and control.

Environment

The premises were maintained to a high 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.

Client and staff views

Three clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included in a questionnaire response:

- "Very helpful and informative"

One staff questionnaire response was submitted. The staff member indicated that they felt that patients are safe and protected from harm. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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 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.

Mrs Lyners confirmed that learning from complaints and incidents would be disseminated to staff.

Client and staff views

All three clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

One staff questionnaire response was submitted. The staff member indicated that they felt that clients get the right care, at the right time and with the best outcome for them. The following comment was included in the questionnaire response:

- “Patient safety is paramount”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mrs Lyners, registered person and authorised user regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised user present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in the treatment room 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.

Client and staff view

All three clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

One staff questionnaire response was submitted. The staff member indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. The following comment was included in the questionnaire response:

- “Patient treatment is discussed in detail. Their expectations and outcomes are thoroughly discussed”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance

There was a clear organisational structure within the establishment and Mrs Lyners confirmed that staff are aware of their roles and responsibilities and who to speak to if they had a concern. Mrs Lyners confirmed that there were good working relationships and the any suggestions or concerns raised by staff 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 staff are 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. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire indicated, discussion with Mrs Lyners and review of documentation evidenced that complaints have been managed in accordance with best practice.

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 that 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. Discussion with authorised users confirmed that they were aware of who to contact if they had a concern.

Mrs Lyners 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. Following the inspection an amended statement of purpose was submitted to RQIA.

Following the premises inspection undertaken on 22 December 2015 RQIA placed a condition on the registration of Uberskin and a new certificate of registration was issued to the service. The most recent certificate to include the condition on registration was observed to be displayed in the main reception area of the practice. The condition on registration is as follows 'Registration is subject to satisfactory approval by the Local Planning Service for change of class of use in respect of the premises'. Discussion with Mrs Lyners evidenced that she is progressing the approval for change with use with the Local Planning Service and she is continuing to communicate with the senior estates inspector in this regard.

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

Client and staff views

All three clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

One staff questionnaire response was submitted. The staff member indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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