

Announced Care Inspection Report 2 November 2017



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

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 cosmetic lasers.

Laser equipment

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

New laser installed since the previous inspection

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

On discussion it was identified that the new 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. This is discussed further in section 6.4 of this report.

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

3.0 Service details

Organisation/Registered Person: Ubuntu Clinics Ltd t/a UberSkin Mrs Michelle Lyners	Registered Manager: Mrs Michelle Lyners
Person in charge 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

4.0 Inspection summary

An announced inspection took place on 2 November 2017 from 10.00 to 11.40.

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).

The inspection assessed progress with any areas for improvement identified 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 relate to laser safety; the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; effective communication between clients and staff; 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.

One area for improvement against the regulations was made, to submit a full and complete variation to registration application to add an additional category of care to the establishment's registration.

All clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Michelle Lyners, 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 30 November 2016

No further actions were required to be taken following the most recent inspection on 30 November 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:

- 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
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed client questionnaires were also analysed prior to the inspection, no completed staff questionnaires were submitted to RQIA prior to the inspection.

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

During the inspection the inspector met with Mrs Michelle 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

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 inspection dated 30 November 2016

The most recent inspection of UberSkin was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 November 2016

There were no areas for improvement made as a result of the last care 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

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 operators. A register of authorised operators is maintained in respect of each machine; both registers of authorised operators were 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.

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

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

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 she is the nominated safeguarding lead within the establishment and the other authorised operator is aware of this.

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

The policies and procedures in place for the safeguarding and protection of adults and children at risk of harm lacked detail. Mrs Lyners confirmed that the establishment does not provide treatments to anyone under the age of 18. Mrs Lyners was advised that the policies should 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. Following the inspection a model safeguarding adult policy was forwarded to the establishment and Mrs Lyners confirmed by email that this policy had been localised and implemented.

Laser safety

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

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 30 October 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 15 February 2017. 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. Ms Lyners is aware that should treatments be provided using the IPL handpiece on the Cynosure Icon machine that medical treatment protocols should be in place.

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 on 30 October 2017 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser 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 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 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 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 equipment is in use and 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

Review of the laser register evidenced that one register was being used for both machines. Mrs Lyners was advised that each laser machine should have a separate register. Following the inspection Mrs Lyners confirmed that separate registers had been established.

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 the Cynosure Picosure laser was dated 17 January 2017. The service engineer installation report in respect of the Cynosure Icon laser was dated 16 January 2017.

As discussed it was established that the Cynosure Icon laser is capable of operating as an Intense Pulse Light (IPL) machine using an IPL handpiece. An IPL handpiece is available in the establishment. UberSkin is not registered to provide IPL treatments. Mrs Lyners was advised that a full and complete variation to registration application and appropriate fee should be submitted to RQIA to add an additional category of care to the establishment's registration. The additional category of care should be as follows: Prescribed techniques or prescribed technology: establishments using intense light sources. An area of improvement against the regulations has been made in this regard.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Mrs Lyners confirmed that all authorised operators are 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 was available which has been serviced within the last year.

Mrs Lyners confirmed that the landlord is responsible for the servicing and maintenance of the fire detection system and that routine checks are undertaken in respect of this system.

Client and staff views

Three clients submitted questionnaire responses. Two clients indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. One client did not provide a response. No comments were included in submitted questionnaire responses.

No staff questionnaire responses 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 staff recruitment; induction, training; appraisal; adult safeguarding; laser safety; management of emergencies; infection prevention and control; risk management and the environment.

Areas for improvement

A variation to registration application should be submitted to RQIA to add an additional category of care to the establishment's registration.

	Regulations	Standards
Total number of areas for improvement	1	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 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.

Two 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 and staff views

Two of the three clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. One client did not provide a response. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

Mrs Lyners confirmed that during the consultation and treatment process, 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.

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.

Client and staff views

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. All three clients indicated that they were very satisfied with this aspect of care. The following comment was included in a submitted questionnaire response:

- “I am very happy with the way I have been looked after for every treatment.”

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
Total number of 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. 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 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.

Client and staff views

All three clients who submitted questionnaire responses indicated that they felt that the service is well managed. All three clients indicated that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs Michelle Lyners, 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; 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 area 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

The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All documents have been submitted</p>
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Please ensure this document is completed in full and returned via Web Portal