

# Inspection Report

22 March 2022



## UberSkin

Type of service: Independent Hospital – Cosmetic Laser and  
Intense Pulse Light (IPL) Service

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Ubuntu Clinics Ltd t/a UberSkin   | <b>Registered Manager:</b><br>Ms Michelle Lyners |
| <b>Responsible Individual:</b><br>Ms Michelle Lyners  | <b>Date registered:</b><br>16 February 2015      |
| <b>Person in charge at the time of inspection:</b><br>Ms Michelle Lyners  |  |
| <b>Categories of care:</b><br>PT(L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers<br>PT(IL) - Prescribed techniques or prescribed technology: establishments using intense light sources  |  |
| <b>Brief description of how the service operates:</b><br>UberSkin is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: 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.<br><br>UberSkin provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using the laser and intense pulse light (IPL) equipment that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.<br><br>A variation to registration application was submitted to RQIA prior to the inspection as UberSkin has relocated to new premises. |  |
| <b>Equipment available in the service:</b><br><br><b>Laser equipment (1)</b><br><br>Manufacturer: Cynosure<br>Model: PicoSure<br>Serial Number: PIC 00342<br>Laser Class: Class 4<br>Wavelength: 755nm  |  |

**Laser equipment (2)**

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)**

Mr Godfrey Town

**Laser protection supervisor (LPS)**

Ms Michelle Lyners

**Medical support services**

Dr Paul Myers

**Authorised operators**

Ms Michelle Lyners

Mr Eldred Julius

**Types of treatment provided using the lasers**

- hair removal
- tattoo removal
- vascular problems
- pigmented lesions
- skin rejuvenation
- non-ablative skin resurfacing

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

- hair removal
- skin rejuvenation
- vascular problems
- pigmented lesions

**2.0 Inspection summary**

This was an announced inspection, undertaken by a care inspector on 22 March 2022 from 2.00pm to 3.50pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020.

These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure UberSkin was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection, assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to registration application.

An RQIA estates support officer reviewed the variation to registration application in relation to matters relating to the premises and will inform Ms Michelle Lyners, Responsible Individual, of the outcome of their review in due course.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); the clinic's adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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 immediate concerns were identified regarding the delivery of front line client care.

The variation to registration application in relation to the new premises is granted from a care perspective. Ms Lyners is aware that separate approval has yet to be confirmed by the RQIA estates team.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards.

A range of information relevant to the service was reviewed. This included the following records:

- the submitted variation to registration application and associated documents
- the statement of purpose
- the patient guide

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

## **4.0 What people told us about the service**

Posters were issued to UberSkin by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to UberSkin was undertaken on 18 September 2019; no areas for improvement were identified.

## **5.2 Inspection outcome**

### **5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?**

Discussion with Ms Lyners, confirmed that there is sufficient staff to fulfil the needs of the establishment and clients.

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

No new authorised operators have been recruited since the previous inspection. Ms 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, application training for the equipment in use, basic life support, and protection of adults at risk of harm in keeping with the RQIA training guidance. One of the two authorised operators had completed training in core of knowledge, infection prevention and control and fire safety. Documentary evidence was submitted to RQIA following this inspection confirming that the second authorised operator had also completed this training.

Ms Lyners informed us that no other staff are currently employed at the establishment. Ms Lyners confirmed that in the future should any staff work in the establishment, who are not directly involved in the use of the laser and IPL equipment, that they would receive laser safety awareness training.

Evidence was available that authorised operators who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Ms Lyners and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Staffing levels were sufficient to meet the needs of the laser and IPL service.

### **5.2.2 How does the service ensure that recruitment and selection procedures are safe?**

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements will ensure that all required recruitment documentation is sought and retained for inspection.

As previously discussed, there have been no authorised operators recruited since the previous inspection. Ms Lyners confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

The recruitment of authorised operators complies with the legislation and best practice guidance.

### **5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?**

Ms Lyners stated that laser or IPL treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms Lyners confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Ms Lyners, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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 reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

Records were available to evidence that both authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

### **5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?**

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The laser treatment room was clean and clutter free. Discussion with Ms 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, both authorised operators had up to date training in infection prevention and control.

The service had appropriate arrangements in place in relation to IPC and decontamination

### **5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Lyners who outlined the measures taken by UberSkin to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

### **5.2.7 How does the service ensure the environment is safe?**

The laser equipment is located in a dedicated treatment room, which is the allocated controlled area. UberSkin has access to storage areas within the premises and toilet facilities are provided for client use. Two other treatment rooms are provided which were not inspected as they do fall under regulatory activity. The premises was maintained to a satisfactory standard of maintenance and décor. Colour coded cleaning equipment was provided and 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 within the last year.

As previously discussed a RQIA estates inspector will undertake a desk based review of the variation to registration application and will inform Ms Lyners of the outcome of their review in due course.



### 5.2.8 How does the service ensure that laser and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 21 March 2023.

Up to date, local rules were in place which had been developed by the LPA. Two sets of local rules are in place; one for the laser machine and one for the IPL machine. The local rules contained the relevant information about the laser and IPL equipment in place.

The establishment's LPA completed a risk assessment of the premises during March 2022 and all recommendations made by the LPA have been addressed.

Ms Lyners told us that laser and IPL procedures are carried out following medical treatment protocols, produced by a named registered medical practitioner during January 2022. Systems are in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Ms Lyners, as the laser protection supervisor (LPS) and an authorised operator, has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Both authorised operators had signed to state that they had 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.

The treatment room in which the laser and IPL equipment is located was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room can be locked from the inside when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Ms Lyners stated that she and the other authorised operator are aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The Cynosure Icon laser is operated using a key and the Cynosure PicoSure laser is operated using a keypad code. Arrangements are in place for the safe custody of the key and keypad code when not in use. It was evidenced that protective eyewear is available for the client and operator as outlined in the local rules.

UberSkin has three laser registers, one for each laser machine and one for when the IPL handpiece 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 reports of laser machines were reviewed as part of the inspection process and were dated October and December 2021.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

### **5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?**

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 service 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 (GP), 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.

Discussion with Ms Lyners and review of the management of records policy confirmed that patients 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.

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

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

It was demonstrated that arrangements are in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

### **5.2.10 How does the service ensure that clients are treated with dignity and respect and are involved in the decision making process?**

Discussion with Ms Lyners regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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 cabinet.

Ms Lyners told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms Lyners confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was demonstrated that arrangements are in place to ensure that clients are treated with dignity and respect and are involved in the decisions regarding their chosen laser treatment.

### **5.2.11 How does the responsible individual assure themselves of the quality of the services provided?**

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

Policies and procedures were available outlining the arrangements associated with the laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

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

Ms 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.

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

A new certificate of registration will be issued to Ms Lyners following the approval of the variation to registration application. Ms Lyners was aware that the RQIA certificate of registration must be displayed in a prominent place.

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

### 5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Lyners.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

### 5.3 Is the Statement of Purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The Statement of Purpose had been updated to reflect any changes detailed in the variation to registration application.

### 5.4 Is the Client Guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Client Guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Client Guide had been updated to reflect any changes detailed in the variation to registration application.

## 6.0 Quality Improvement Plan/Areas for Improvement

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Lyners, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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