

**Inspector: Stephen O'Connor**

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**Inspection ID: IN022112**

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## **Variation to Registration and Announced Care Inspection of UberSkin**

**22 December 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501   Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

A variation to registration application was submitted to RQIA by Mrs Michelle Lyners, registered person, in respect of UberSkin. The application was to relocate the establishment. The application forms and supporting document were reviewed as part of this inspection.

A combined variation to registration and announced care inspection took place on 22 December 2015 from 09:50 to 12:30. The inspection was carried out by Stephen O'Connor, care inspector, accompanied by Dr Ian Gillan, RQIA, Laser Protection Advisor (LPA). Dr Gillan's report is appended to this report. Phil Cunningham, senior estates inspector, undertook an estates inspection of the premises at the same time. The report and findings of the estates inspection will be issued under separate cover.

On the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern. The variation to the registration in regards to the relocation of the establishment was approved during this inspection.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014.

### 1.1. Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection.

### 1.2. Actions/Enforcement Resulting from this Inspection

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

### 1.3. Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Unbuntu Clinics Ltd t/a Ubserskin Mrs Michelle Lyners	<b>Registered Manager:</b> Mrs Michelle Lyners
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mrs Michelle Lyners	<b>Date Manager Registered:</b> 16 February 2015
<b>Categories of Care:</b> 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)** – Estelle Walker (Onephoton)

**Laser Protection Supervisor (LPS)** – Mrs Michelle Lyners

**Medical Support Services** - Dr Paul Myers (Lasermet)

**Authorised Users** - Mrs Michelle Lyners

### Types of Treatment Provided –

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

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints

- Standard 48 – Laser and Intense Light Sources

The inspection also sought to review the arrangements in the establishment in relation to the relocation to new premises.

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

#### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information, complaints return and review of the submitted variation to registration application and supporting documents.

During the inspection the inspector met with Mrs Michelle Lyners, registered person.

The following records were examined during the inspection:

- Four client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client comments, feedback
- Incident/accident information
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints information

#### 5. The Inspection

##### 5.1. Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was a pre-registration care inspection dated 9 January 2015. The completed QIP was returned and approved by the care inspector.

##### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 9 January 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (7)	Ensure that all issues identified in relation to infection prevention and control are addressed as outlined in the main body of the report.	

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> It was observed that the laser treatment room had a dedicated hand washing basin and that wall mounted dispensers for liquid soap and disposable hand towels were in place. Mrs Lyners confirmed that she is the only person responsible for cleaning the environment and decontaminating laser equipment between clients. On the afternoon of the inspection Mrs Lyners submitted a cleaning schedule for the laser treatment room, a written protocol for the decontamination of the laser equipment and templates to document the decontamination of equipment between clients.	<b>Met</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (2) (a)  <b>Stated:</b> First time	<p>Discuss the protective eyewear with the LPA and the laser manufacturer and ensure that the protective eyewear available for the operator and client offers the level of protection outlined within the local rules.</p> <p><b>Action taken as confirmed during the inspection:</b>  The protective eyewear available for the operator and client offers the level of protection outlined within the local rules.</p>	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 48.13  <b>Stated:</b> First time	<p>Laser safety awareness training should be provided for staff employed within the premises who are not directly involved in the use of the laser. A record of the training should be retained and updated annually.</p> <p><b>Action taken as confirmed during the inspection:</b>  Mrs Lyners confirmed that UberSkin does not employ any staff. However, UberSkin is located within commercial premises in which another business operates. Mrs Lyners confirmed that the staff of the other business have had laser safety awareness training. A record of this training was forwarded to RQIA on 24 December 2015.</p>	<b>Met</b>

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion regarding the consultation and treatment process, with Mrs Lyners, confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in the laser treatment room.

### **Is Care Effective?**

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

### **Is Care Compassionate?**

Discussion with Mrs Lyners and review of four client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Review of policies confirmed that courtesy, privacy, dignity and confidentiality are included.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **4. Standard 5 – Patient and Client Partnership**

### **Is Care Safe?**

Mrs Lyners confirmed that UberSkin started treating clients during April 2015, and that to date clients have been able to leave comments and feedback on UberSkin's website and facebook page. Mr Lyners confirmed that she intends to undertake a client satisfaction survey during April 2016 on the first anniversary of UberSkin and that in preparation for this she has developed a client satisfaction questionnaire. The client satisfaction questionnaire was reviewed and included quality of treatment provided, information and care received. It was also observed that the establishment's clinical audit policy includes a client satisfaction survey.

Mrs Lyners confirmed that clients' comments will be collected in an anonymised format, summarised and

### **Is Care Effective?**

UberSkin will obtain the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment has not issued feedback questionnaires to clients to date. However, Mrs Lyners had undertaken a review of the comments and feedback on the UberSkin website and facebook page and generated a report. This report was submitted to RQIA on 30 December 2015. Review of comment and feedback available on the internet confirmed that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “Really helpful and friendly service from Uberskin”
- “excellent treatment and care would highly recommend for tattoo removal”

Mrs Lyners confirmed that information received from the client feedback questionnaires will be collated into an annual summary report which will be made available to clients and other interested parties to read.

It was confirmed through discussion that comments received from clients are reviewed by Mrs Lyners and an action plan is developed and implemented to address any issues identified.

### **Is Care Compassionate?**

Review of care records and discussion with Mrs Lyners confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Standard 7 - Complaints**

### **Is Care Safe?**

No complaints have been recorded by the establishment since registration with RQIA. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Lyners confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mrs Lyners confirmed that information from complaints will be used to improve the quality of services.

### **Is Care Effective?**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Mrs Lyners demonstrated a good understanding of complaints management.

Review of the complaints register noted no complaints had been received by the establishment but the records evidenced that there were systems in place to ensure complaints are well documented, fully investigated and outcomes recorded in line with the complaints procedure and legislation.

A complaints audit is in place if necessary as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Client Guide; copies of which are available in the waiting area for clients to read.

### **Is Care Compassionate?**

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Mrs Lyners confirmed that a complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.6 Standard 48 - Laser and Intense Light Sources.**

### **Is Care Safe?**

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.

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 20 December 2016.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols. It was noted that the medical treatment protocols expired on 15 September 2015. Mrs Lyners was advised that a system to ensure that medical treatments protocols are reviewed



on an annual basis should be established. Mrs Lyners confirmed that she was considering changing medical support services. However, on 07 January 2015 Mrs Lyners submitted a medical support certificate confirming that the medical treatment protocols had been revalidated to 6 January 2016.

The medical treatment protocols sets out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure.

The establishment has local rules in place which have been developed by their LPA on 20 December 2015.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures.

The LPS has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 15 December 2015 and all recommendations made by the LPA have been addressed.

The authorised users have completed training in core of knowledge. Mrs Lyners confirmed that she had completed training in regards to the safe use and application of the laser equipment. However, a record of this training was not available. On 12 January 2015 a certificate confirming this training had been undertaken during October 2014 was submitted to RQIA.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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.

### **Is Care Effective?**

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.

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).

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 10 December 2015 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser equipment.

### **Is Care Compassionate?**

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.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **7. Additional Areas Examined**

### **7.1. Management of Incidents**

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### **5.7.2 RQIA registration and Insurance Arrangements**

Discussion with Mrs Lyners regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.

### **5.7.3 Statement of Purpose**

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 include the new address of the establishment.

#### 5.7.4 Patient Guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

#### 5.7.5 Environment

The inspectors undertook a tour of the premises, which were maintained to a high standard of maintenance and décor. As discussed previously an estates inspection was also undertaken during this inspection, and identified issues will be addressed under separate cover.

#### 5.7.6 Conclusion

The variation to the registration in regards to the relocation of the establishment was approved during this inspection. Following the recent move to the existing premises a new certificate of registration will be issued by RQIA reflecting the new address of the establishment.

### 6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Dr MD Lyners	Date Completed	
Registered Person	Dr MD Lyners	Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	19/01/2016
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