

# Announced Care Inspection Report 26 July 2019



## UberSkin

**Type of Service: Independent Hospital (IH) –  
Cosmetic Laser/Intense Pulse Light (IPL) Service**  
**Address: 27 Culmore Road, Derry – Londonderry, BT48 8JB**  
**Tel No: 074 3737 7244**  
**Inspector: Emily Campbell**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

UberSkin is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments; this inspection focused solely on treatments provided using laser and IPL machines.

### **Laser equipment (1)**

Manufacturer: Cynosure  
Model: PicoSure  
Serial Number: PIC 00342  
Laser Class: Class 4  
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**

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

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

- hair removal
- vascular problems
- pigmented lesions

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 26 July 2019 from 10:25 to 12:25.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

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

### 4.1 Inspection outcome

|  | 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 Michelle Lyners, responsible individual, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 7 September 2018**

No further actions were required to be taken following the most recent inspection on 7 September 2018.

#### **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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Ms Michelle Lyners, responsible individual and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser and IPL 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 Ms Lyners at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 September 2018

The most recent inspection of the establishment was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 7 September 2018

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

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

No new authorised operators have been recruited since the previous inspection. However, 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, 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 infection prevention and control and fire safety. Documentary evidence was submitted to RQIA on 7 August 2019 confirming that the second authorised operator had also completed this training.

All other staff employed at the establishment, but not directly involved in the use of the laser/IPL equipment were overdue annual laser safety awareness training. Ms Lyners provided assurances that this would be provided in September, on conclusion of the holiday season.

Both authorised operators are registered dentists; Ms Lyners confirmed that they undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

### **Recruitment and selection**

There have been no authorised operators recruited since the previous inspection. Ms Lyners confirmed that should authorised operators be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place.

### **Safeguarding**

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

Ms Lyners was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mrs Lyners confirmed that the other authorised operator is aware that she is the nominated safeguarding lead.

Review of records demonstrated that both authorised operators had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **Laser/IPL safety**

A laser safety file was in place which contained all of the relevant information in relation to laser and IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 15 July 2020.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2017. Systems are in place to review the medical treatment protocols on an annual basis and the service level agreement with Dr Myers

is valid to July 2020. 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 and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 16 July 2019 and all recommendations made by the LPA have been addressed.

Ms Lyners as the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Authorised operators had not signed to state that they had read and understood the local rules and medical treatment protocols. However, this was signed by Ms Lyners during the inspection and documentary evidence that the other authorised operator had also signed these was submitted to RQIA by email on 30 July 2019.

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

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

The Cynosure Picosure laser is operated using a key; the Cynosure Icon laser is operated using a keypad code. Arrangements are in place for the safe custody of the laser key and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser or IPL equipment is in use and removed when not in use.

The establishment has three registers, one for both laser machines and one for when the IPL handpiece is used with the Cynosure Icon laser. The registers are completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of January 2019 was reviewed as part of the inspection process.



## Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Lyners confirmed she were aware 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 Ms 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 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 (CO<sub>2</sub>) fire extinguisher is available which had been serviced in December 2018.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, adult safeguarding, laser and IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser and IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Three client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

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 and where appropriate ICO regulations and Freedom of Information legislation.

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

### **Communication**

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

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

### **Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, and ensuring effective communication between clients and staff.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|                              | <b>Regulations</b> | <b>Standards</b> |
|------------------------------|--------------------|------------------|
| <b>Areas for improvement</b> | 0                  | 0                |

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

**Dignity respect and involvement with decision making**

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

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely electronically and are password protected.

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

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|                              | <b>Regulations</b> | <b>Standards</b> |
|------------------------------|--------------------|------------------|
| <b>Areas for improvement</b> | 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. 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 a three yearly basis.

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

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

Discussion with Mrs Lyners confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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

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

Mrs Lyners, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Lyners confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place. It was noted on review of the indemnity insurance, that teeth whitening is provided in the establishment. As teeth whitening is the practice of dentistry, an application for variation to include dental treatment (DT) as a category of care should be submitted to RQIA. Ms Lyners provided assurances in this regard.

As discussed previously, both authorised operators are registered dentists. Ms Lyners confirmed by email on 16 August 2019, that the application for variation had been submitted to RQIA.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

## 6.8 Equality data

### Equality data

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

## 6.9 Client and staff views

Ten clients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. The following comments were provided in submitted questionnaires:

- “Have been coming here a while. Very professional and always go above and beyond every time. So glad I found them. First class.”
- “Very friendly staff and very clean premises.”
- “Very professional.”
- “Felt very comfortable, treatment was explained in detail. Michelle was very knowledgeable.”
- “I am very pleased with the treatment and care I have received.”
- “Highly professional service.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

## 7.0 Quality improvement plan

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



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