

Inspection Report

13 January 2023



Skinworkz Beauty Limited

Type of service: Independent Hospital – Cosmetic Laser
Address: 41A Bridge Street, Ballymena, Antrim, BT43 5EL
Telephone number: 079 2804 8090

www.rqia.org.uk

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

Organisation/Registered Provider: Skinworkz Beauty Limited	Registered Manager: Mr Mark Leacock
Responsible Individual: Ms Karina Strojna	Date registered: 3 January 2020
Person in charge at the time of inspection: Ms Karina Strojna	
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	
Brief description of how the service operates: Skinworkz Beauty Limited is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent Hospital (IH) with the following category of care: PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. A tattoo studio also operates from the same premises and Skinworkz Beauty Limited and the tattoo studio share communal areas. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Skinworkz Beauty Limited is the registered provider for Skinworkz Cookstown. Ms Karina Strojna is the responsible individual for the Cookstown establishment.	
Equipment available in the service: Laser equipment: Manufacturer: Cynosure Model: Elite + Serial Number: APMD2208 ELM Laser Class: 4 Wavelength: 755 Alexandrite and Nd YAG 1064 Manufacturer: Cynosure Model: Revlite SI Serial Number: RL-5233 Laser Class: 4 Wavelength: 532nm and 1064nm:	

Laser protection advisor (LPA):

Mr Simon Wharmby

Laser protection supervisor (LPS):

Mr Mark Leacock

Medical support services:

Dr Ross Martin

Authorised operators:

Ms Karina Strojna

Ms Amy Cunningham

Ms Claudia Ifrim

Ms Monika Kaminska

Ms Fay Kerr

Types of laser treatments provided:

Tattoo removal

Hair removal

Skin rejuvenation

Thread vein treatments

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 13 January 2023 from 9.30 am to 12.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; 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.

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. 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

Clients were not present on the day of the inspection and client feedback was assessed by discussing the most recent client satisfaction surveys completed by Skinworkz Beauty Limited.

Posters were issued to Skinworkz Beauty Limited by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Six clients submitted responses and 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.

No completed staff questionnaires were submitted to RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 27 August 2021		
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 18 Stated: Second time	The registered person shall ensure that a records management policy and procedure is developed in accordance with legislation and best practice guidance.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	

5.2 Inspection outcome

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

Ms Strojna told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

No other staff are employed at the establishment, and therefore no other staff were identified as requiring laser safety awareness training.

Review of documentation confirmed that authorised operators take part in appraisal on a six monthly basis.

It was determined that appropriate staffing levels were in place to meet the needs of clients.

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

Recruitment and selection policies and procedures were in place and advice and guidance was provide to futher develop these polices and procdeures in keeping with legislation and best practice. Following the inspection RQIA received a copy of the updated policy which confirmed that this action had been completed. These arrangements will ensure that all required recruitment documentation will be sought and retained for inspection.

It was confirmed that one authorised operator had been recruited since the previous inspection. A review of the new authorised operator's personnel file confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

An AccessNI disclosure certificate had been retained on file and it was advised that AccessNI disclosure certificates should only be retained for aperiod of time as recommended in the AccessNI code of practice. Ms Strojna was advised to review the storage of AccessNI disclosure certificates in line with the AccessNI code of practice.

It was confirmed that the recruitment of authorised operators complies with 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 Strojna confirmed that laser treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Advice and guidance was provided to further develop the safeguarding policy to specifically name Ms Strojna as the safeguarding lead. Following the inspection RQIA received a copy of the updated policy which confirmed that this action had been completed.

Advice and guidance was provided to include the date the policy was updated. Confirmation that this had been actioned was received by RQIA following the inspection.

Discussion with Ms Strojna 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 Strojna, 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.

Advice and guidance was provided to ensure that the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

As discussed previously, authorised operators have up to date training in safeguarding adults.

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?

All authorised operators had up to date training in basic life support and Ms Strojna was 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 infection prevention and control (IPC) arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

An overarching IPC policy and associated procedures was not in place. Advice and guidance was provided on the development of an IPC policy and following the inspection RQIA received a copy of the newly developed IPC policy and procedure. A review of this document demonstrated that it was comprehensive and reflected legislation and best practice guidance in all areas.

The laser treatment room was clean and clutter free. Discussion with Ms Strojna 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 IPC.

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 Strojna who outlined the measures taken by Skinworkz Beauty Limited 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 service has one treatment room and access to storage rooms. The premises were maintained to a good standard of maintenance and décor. Ms Strojna confirmed that cleaning is undertaken by authorised operators.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

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

A laser safety file was in place which contained the relevant information in relation to laser 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 31 December 2023.

Up to date, local rules were in place which had been developed by the LPA. The local rules contained the relevant information about the laser equipment being used. It was identified that the local rules did not clearly identify who the LPS was, nor did they clearly identify the overall responsibility of the LPS for the safe use of the laser equipment.

Advice and guidance was provided in this regard and following the inspection RQIA received confirmation that the local rules had been revised to name Mr Leacock as the LPS and confirmed his overall responsibility for the safe use of the laser equipment at Skinworkz Beauty Limited.

The establishment's LPA completed a risk assessment of the premises during July 2022 and all recommendations made by the LPA have been addressed. Review of the risk assessment evidenced that a third laser was referenced in this document. Mr Leacock confirmed that this was an old laser that was no longer in use and was not on the premises. Advice and guidance was provided to consult with the LPA in this regard and to ensure that the risk assessment only referenced laser equipment that was in use at the establishment. Following the inspection RQIA received confirmation that the risk assessment had been updated and referenced only the Cynosure Elite and Cynosure RevLite SI lasers which are in use at the establishment.

Ms Strojna told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during September 2023. It was established that systems are in place to review the medical treatment protocols when due.

Mr Leacock, as the LPS has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

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.

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. It was confirmed by Ms Strojna that authorised operators were aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

The lasers are operated using a key. Arrangements are in place for the safe custody of the keys when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Skinworkz Beauty Limited has two laser registers to differentiate between the treatments provided with each laser at the establishment. Ms Strojna told us that authorised operators complete the relevant section of the register every time the equipment is operated, the register includes:

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports of the lasers were reviewed.

It was determined that appropriate arrangements were in place to operate the laser 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. 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 service 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 (GP), with their consent, for further information if necessary.

Two client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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 was available which included the creation, storage, recording, retention and disposal of records and data protection. This addresses the previous area for improvement 1 against the standards as outlined in Section 5.1. Advice and guidance was provided to amend the timeframe included in the records management policy for the retention of client records in accordance with legislation. RQIA received confirmation following inspection that this had been completed.

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

Skinworkz Beauty Limited is registered with the Information Commissioners Office (ICO). A review of the current registration certificate evidenced that registration is due to expire on 25 November 2023.

It was determined that appropriate arrangements were 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 Strojna regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatments 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 drawer.

Ms Strojna told us that clients can 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 Strojna confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in decisions regarding their choice of 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. As Ms Strojna as the responsible individual is not in day to day charge of the establishment Regulation 26 unannounced visits must be undertaken. The arrangements for Regulation 26 unannounced visits were discussed with Ms Strojna and Mr Leacock during the inspection of Skinworkz Beauty Limited Cookstown. During this inspection Ms Strojna confirmed she is developing templates to record Regulation 26 visits and these visits will commence in both the Ballymena and Cookstown sites. Ms Strojna is aware that the reports of the unannounced Regulation 26 visits will be reviewed during the next inspection.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that in the main policies and procedures were dated and systematically reviewed on a three yearly basis or more frequently if required. As discussed in 5.2.3 advice and guidance was provided to include the date the policy was updated on the safeguarding policy and procedure. Advice and guidance was provided to index policies and procedures and RQIA received confirmation following inspection that this had been completed.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Two copies of the complaints procedure had been retained in the policy folder.

Review of the policies confirmed that the content of the policies were the same, apart from the RQIA contact address. Advice and guidance was provided to retain the policy that included the correct RQIA address. RQIA received confirmation following inspection that this had been completed.

Clients are made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Ms Strojna confirmed that no complaints had been received since the previous inspection.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Strojna confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

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

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

It was determined that with the implementation of Regulation 26 unannounced quality monitoring visits suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

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 Strojna.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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