

Inspection Report

27 August 2021



Skinworkz Beauty Limited

Type of service: Independent Hospital – Cosmetic Laser
Address: 41A Bridge Street, Ballymena, Antrim, BT43 5EL
Telephone number: 0730 7312 3450

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: Mr Mark Leacock	
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 category of care for which the establishment is registered with RQIA. Skinworkz Beauty Limited is the registered provider for Skinworkz in cookstown. Ms Karina Strojna is the responsible individual for the cookstown establishment.	
Equipment available in the service: Laser equipment: Manufacturer: Cynosure Elite Serial Number: ELM D2309 Laser Class: Class 4 Wavelength: 1064 nanometer (nm) – 532 nm Manufacturer: Cynosure Revlite Serial Number: RL- 5233 Laser Class: Class 4 Wavelength: Nd YAG 532nm – 1064nm	
Laser protection advisor (LPA): Mr Simon Wharmby, Lasersafe	

Laser protection supervisor (LPS):

Mr Mark Leacock

Medical support services:

Dr Graham Bissett

Authorised operators:

Ms Karina Strojna

Ms Amy Cunningham

Ms Claudia Ifrim

Ms Monika Kaminska

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 27 August 2021 from 10.00 am to 11.50 am.

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 Skinworkz Beauty Limited 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 and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; the clinics adherence to best practice guidance in relation to COVID-19 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.

One area for improvement stated for the second time has been made concerning the development of a records management policy, details can be found in the main body of the report.

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 reviewing a report generated by Skinworkz Beauty Limited from completed client satisfaction surveys. The report evidenced clients were highly satisfied with the quality of treatment, information and care received. Clients commented on the effectiveness of treatments, the great service they had received and stated that they were very happy with their results. This addresses the previous area for improvement 3 against the standards as outlined in section 5.1 below.

Posters were issued to Skinworkz Beauty Limited 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 Skinworkz Beauty Limited was undertaken on 17 December 2019.

Areas for improvement from the last inspection on 17 December 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: Second time	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the newly recruited authorised operator and for any new authorised operators recruited in the future.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.2.	
Area for Improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: Second time	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operators commencing employment in the future. An AccessNI enhanced disclosure check should be completed for the identified authorised operator confirmation of this should be provided to RQIA upon return of this QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.2.	

Area for Improvement 3 Ref: Regulation 21 (1) (3) Stated: First time	<p>The registered person shall ensure a staff register is in place and includes the following:</p> <ul style="list-style-type: none">the staff member's name and date of birthdetail of their position in the establishmentdates of employment (starting and finishing dates)details of registration of professional qualification, as appropriate.	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.2.</p>	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 48.19 Stated: First time	<p>The registered person shall ensure that a copy of the updated policy for the safe storage of laser keys is provided to RQIA upon return of the QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.8.</p>	
Area for Improvement 2 Ref: Standard 18 Stated: First time	<p>The registered person shall ensure that a records management policy and procedure is developed in accordance with legislative and best practice guidance.</p>	Not met
	<p>Action taken as confirmed during the inspection: This area for improvement has not been met and is stated for the second time, further detail is provided in section 5.2.9.</p>	

Area for Improvement 3 Ref: Standard 9.6 Stated: First time	The registered person shall ensure a copy of the most recent client satisfaction survey summative report is provided to RQIA upon return of the QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 4.0.	
Area for Improvement 4 Ref: Standard 19.1 Stated: First time	The registered person shall ensure that policies and procedures are developed as outlined in Appendix 1 of the Minimum Care Standards for Independent Healthcare Establishments, July 2014, and implemented to meet the needs of Skinworkz Beauty Limited.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.11.	
Area for Improvement 5 Ref: Standard 19.4 Stated: First time	The registered person shall ensure policies and procedures are retained in a dedicated policy manual which is centrally indexed for ease of access and are dated when issued, reviewed or revised.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.11.	

5.2 Inspection outcome

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

Mr Mark Leacock told us that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. It was confirmed that treatments using the laser machines are only carried out by authorised operators.

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

Skinworkz Beauty Limited does not employ any other support staff in the Ballymena site. However, as discussed a tattoo studio also operates from the same premises, Mr Leacock is the only staff member who works in the tattoo studio and he has completed laser safety awareness training. Mr Leacock is aware this laser safety awareness training must be provided to any new staff that commence work in the establishment and refreshed annually thereafter.

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

Review of the staff register and discussion with Mr Leacock suggested that two authorised operators have been recruited since the previous inspection. However, review of the laser registers identified that these individuals had been working as authorised operators at the time of the previous inspection on 17 December 2019. The recruitment records of the identified authorised operators were not reviewed during the inspection on 17 December 2019 and were subsequently reviewed during this inspection.

All documents as specified in Regulation 19 (2), Schedule 2 as amended had been sought and retained. This addresses the previous area for improvement 1 against the regulations as outlined in section 5.1.

Review of the staff register indicated that one of the authorised operators had commenced work on 19 November 2019. Review of recruitment records evidenced that the AccessNI enhanced disclosure check for this individual was issued on 5 December 2019, some 16 days after they commenced work.

The second authorised operator's details were not recorded in the staff register and it was not clear when this individual commenced work in the establishment. Mr Leacock advised that they commenced work during either April or May 2019. Review of recruitment records evidenced that the AccessNI enhanced disclosure check for this individual was issued on 5 December 2019, some seven or eight months after they commenced work. This was discussed with Mr Leacock who informed us that the check was applied for prior to the inspection on 19 December 2019.

It was established that AccessNI enhanced disclosure checks had been sought and information recorded prior to the previous inspection and records were available for all authorised operators. Mr Leacock was aware of his responsibility to ensure that AccessNI enhanced disclosure checks are sought and retained prior to all authorised operators commencing work therefore no additional regulatory response was required at this time. This addresses the previous area for improvement 2 against the regulations as outlined in section 5.1.

The staff register was updated during the inspection to include the identified authorised operator. It was reinforced that the staff register is a live document that must be reviewed and updated as and when necessary and that it should include all information as specified in Schedule II Part (6) of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Leacock was informed that the day, month and year the staff member commenced work must be recorded in the staff register. This addresses the previous area for improvement 3 against the regulations as outlined in section 5.1.

There were recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the establishment. Adherence to these policies and procedures will ensure that all required recruitment documentation will be sought and retained for inspection. Discussion with Mr Leacock evidenced that he is aware 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, as amended should be sought and retained for inspection.

A completed induction programme was reviewed and was available for the most recently recruited authorised operators.

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

Mr Leacock told us that laser 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 Mr Leacock evidenced that he 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 Mr Leacock, as the safeguarding lead, had 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?

All authorised operators had up to date training in basic life support and Mr Leacock 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 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 Mr Leacock 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 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 Mr Leacock 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 areas. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

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

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 the laser machines. 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 July 2022.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during September 2020 and all recommendations made by the LPA have been addressed.

Mr Leacock told us that laser procedures are carried out following medical treatment protocols that have been produced by a named registered medical practitioner. The medical treatment protocols are due to expire during May 2024 and systems are in place to review these when due. The medical treatment protocols contained the relevant information about the laser treatments being provided.

Mr Leacock, as the LPS has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

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

The environment in which the laser machines are 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 machines are in use but can be opened from the outside in the event of an emergency.

Both laser machines are operated using a key. Arrangements are in place for the safe custody of the keys when not in use. A policy for the safe storage of laser keys was available for staff reference and a review of this policy demonstrated that it reflected best practice guidance. This addresses the previous area for improvement 1 against the standards as outlined in section 5.1.

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

The controlled area was clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. It was observed that the laser safety warning sign is displayed in a snap lock picture frame. Mr Leacock told us that authorised operators were aware that the laser safety warning sign should only be displayed when the laser machines are in use and removed when not in use. When not in use, the laser safety warning sign is reversed in the snap lock picture frame.

Skinworkz Beauty Limited maintains a register for each of the laser machines. Mr Leacock told us that authorised operators complete the relevant register every time the laser machines are operated. A review of the laser registers demonstrated that the register includes:

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

It was reinforced that the laser registers must be signed/initialled by the authorised operator who provided the treatment.

There are arrangements in place to service and maintain the laser machines in line with the manufacturer's guidance. The most recent service reports for the laser machines were dated October 2020.

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. 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 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.

Six 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)

There was no evidence that a records management policy was in place. The previous area for improvement 2 made against the standards as outlined in section 5.1 to develop a records management policy and procedure has been assessed as not being met and has been stated for the second time.

There was written information available 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.

Skinworkz Beauty Limited has a policy for advertising and marketing which is in line with legislation.

Skinworkz Beauty Limited is registered with the Information Commissioner's Office (ICO). A review of the current registration certificate evidenced that registration was effective from 26 November 2019 and is due to expire on 25 November 2021.

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

Discussion with Mr Leacock 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 storage case.

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. Mr Leacock outlined the establishment's hours of operation and confirmed that only one authorised operator would be providing treatments on any given day. Mr Leacock was in day to day management of the establishment, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. This addresses the previous area for improvements 4 and 5 against the standards as outlined in section 5.1.

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

Mr Leacock confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

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

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 Mr Leacock.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the responsible individual.

As discussed, one area for improvement has been made against the standards that are stated for a second time concerning the development of a records management policy.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	1*

The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mr Leacock, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 22 October 2021	<p>The registered person shall ensure that a records management policy and procedure is developed in accordance with legislative and best practice guidance.</p> <p>Ref: 5.2.9</p> <p>Response by registered person detailing the actions taken: I have tried to put together a record management policy and procedure, i can confirm if anything needs added to this to meet your requirments i will do my best to have this in place. Many thanks</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care