

# Announced Care Inspection Report 17 December 2019



## Skinworkz Beauty Limited

**Type of Service: Independent Hospital (IH) – Cosmetic Laser Service**

**Address: 41A Bridge Street, Ballymena, Antrim, BT43 5EL**

**Tel No: 07594165578**

**Inspector: Carmel McKeegan**

[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

This is an Independent Hospital (IH) providing a cosmetic laser service. Skinworkz Beauty Limited, located in Ballymena, was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 02 September 2016 with Ms Karina Strojna as the responsible individual and registered manager. Since the previous inspection Skinworkz Beauty Limited opened a second cosmetic laser service, also known as Skinworkz Beauty Limited, which is located in Cookstown.

RQIA advised Skinworkz Beauty Limited that Ms Strojna could be registered as the responsible individual for both services but not the registered manager for both services. RQIA subsequently received an application for the registration of Mr Mark Leacock as the registered manager of Skinworkz Beauty Limited, Ballymena, and this application was approved on 3 January 2020.

**Laser equipment:**

- Manufacturer: Cynosure Elite
- Serial Number: ELM D2309
- Laser Class: Class 4
- Wavelength: 1064nm – 532nm
- 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 Sabina Kowalik

**Types of treatment provided:**

Tattoo removal  
 Hair removal  
 Skin rejuvenation and thread vein treatments

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Skinworkz Beauty Limited  <b>Responsible Individual:</b> Ms Karina Strojna	<b>Registered Manager:</b> Mr Mark Leacock
<b>Person in charge at the time of inspection:</b> Mr Mark Leacock	<b>Date manager registered:</b> 03 January 2020
<b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

## 4.0 Inspection summary

An announced inspection took place on 17 December 2019 from 10.15 to 12.45.

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 during and 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 staffing, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Two areas for improvement made against the regulations in relation to the recruitment of staff at the previous inspection had not been fully met and have been stated for a second time.

A further area for improvement made against the regulations was identified during this inspection in relation to the provision and upkeep of a staff register.

Five areas for improvement were made against the standards, four related to policy development in respect of the safe custody of the laser key; and record management and the provision and accessibility of policies and procedures in the establishment. The fifth area for improvement was made to provide a copy of the most recent client satisfaction summary report to RQIA.

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>	3	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr Mark Leacock, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 14 December 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 December 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
- the returned QIP from the previous care inspection

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

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

During the inspection the inspector met with Mr Leacock, registered manager and an authorised operator who works in both Skinworkz Beauty Limited establishments.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Leacock at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 December 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 14 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First 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.	<b>Partially met</b>
	<b>Response by registered person detailing the actions taken:</b> Mr Leacock confirmed that since the previous inspection one new authorised operator has commenced work in the establishment. Review of the new authorised operator's recruitment records confirmed that not all of the required documentation was in place. Further detail is provided in Section 6.4 of this report.  This area for improvement has been partially met and is stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First 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.	<b>Not met</b>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of the new authorised operator's recruitment records confirmed that an AccessNI enhanced disclosure certificate had been received for the new staff member prior to commencement of employment. However it was identified that this AccessNI enhanced disclosure certificate had been provided by the applicant and was in relation to a previous place of employment.</p> <p>Mr Leacock was informed that AccessNI enhanced disclosure certificates are not transferrable and that Skinworkz Beauty Limited must complete an AccessNI enhanced disclosure check for this staff member as soon as possible. Further detail is provided in Section 6.4 of this report.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 48.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any new authorised operator has completed core of knowledge training prior to providing laser treatments to clients.</p>	<b>Met</b>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of training records confirmed that the new authorised operator had completed core of knowledge training prior to providing laser treatments to clients.</p>	

### 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 Mr Leacock and staff confirmed that there is sufficient staff in various roles to fulfil the needs of the establishment and clients.

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

A review of completed induction programmes evidenced that induction training is provided to new authorised operators on commencement of employment. Advice and guidance was provided on how to further develop the record of induction for authorised operators to reflect assessment of competence in each area.

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, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. The new authorised operator had not yet completed infection control training however it was established that arrangements had already been made to facilitate this training for the new authorised operator and existing authorised operators.

No other staff members work at the establishment. Mr Leacock confirmed that should other staff be employed in the establishment who are not involved with the laser service that they would receive laser safety awareness training.

It was identified that a staff register had not yet been established. The staff register is a live document and should be kept up to date to record the period of employment of all persons who work or have worked in the establishment. An area of improvement has been made against the regulations to ensure a staff register is in place and includes the following:

- each staff member's name and date of birth
- detail of their position in the establishment
- dates of employment (starting and finishing dates)
- details of registration of professional qualification, as appropriate.

## **Recruitment and selection**

As previously stated one new authorised operator had commenced employment in the establishment since the previous inspection. Review of the new authorised operator's recruitment records confirmed that the following documentation was not in place:

- proof of identification
- completion of a criminal conviction declaration
- full employment history
- evidence that gaps in employment had been explored, as applicable.

Advice and guidance was provided to Mr Leacock who stated that these documents would be sought immediately following this inspection. An area for improvement has been made against the regulations for a second time in this regard.

As previously discussed it was identified that the AccessNI enhanced disclosure certificate in place for the new authorised operator had not been completed by Skinworkz Beauty Limited. Mr Leacock stated that he thought that as the AccessNI enhanced disclosure certificate presented by the authorised operator had been provided just prior to their appointment to Skinworkz Beauty Limited that this would be acceptable.



Mr Leacock was informed that AccessNI enhanced disclosure checks are not transferrable and that Skinworkz Beauty Limited must ensure that an AccessNI enhanced disclosure check is completed for this staff member as soon as possible. An area for improvement has been made against the regulations for a second time in this regard. Mr Leacock was provided with guidance outlining the required information to be retained in respect of AccessNI applications undertaken by the establishment.

A recruitment policy and procedure was in place which reflected best practice guidance. Mr Leacock was advised to apply this recruitment procedure for all new authorised operators to ensure that all required recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is in place. Mr Leacock was reminded that further breach of this area of regulation could lead to enforcement action being taken by RQIA.

## **Safeguarding**

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

Mr Leacock and staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment 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 safety**

A laser safety file was in place which contained all of the relevant information in relation to laser 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 during April 2020.

Laser procedures will be carried out by trained operators in accordance with medical treatment protocols produced by Dr Graham Bissett on 6 May 2019. These medical treatment protocols are due to be reviewed on or before the 5 May 2021. 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 equipment being used.

The establishment's LPA completed a risk assessment of the premises during April 2019 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have 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 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 equipment is in use but can be opened from the outside in the event of an emergency.

Both laser machines are operated using a key. Discussion took place regarding the arrangements for the safe custody of laser keys when the machines were not in use. Advice and guidance was provided to ensure laser keys are stored separately from the laser machines. Mr Leacock confirmed the policy for the safe storage of the laser keys would be updated in this regard. An area for improvement has been made against the standards to provide RQIA with a copy of the updated policy for the safe storage of laser keys.

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 equipment is in use and removed when not in use.

The establishment has a separate laser register for each laser machine 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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports were available and 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 staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

## Infection prevention and control (IPC) and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mr Leacock and staff 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, arrangements were in place for the new authorised operator to undertake IPC training and for existing authorised operators to complete refresher training in this area.

## Risk Management

Mr Leacock confirmed that arrangements were in place for maintaining the environment to ensure that risks are identified, assessed and managed.

A fire risk assessment had been undertaken and Mr Leacock confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

## 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 has been serviced within the last year.

## Areas of good practice

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

## Areas for improvement

A staff register should be in place and kept up to date.

All recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be provided for the new authorised operator recruited since the previous inspection and for any new authorised operators recruited in the future.

An AccessNI enhanced disclosure check must be completed and the outcome recorded prior to any authorised operator commencing employment in the future. An AccessNI enhanced disclosure check must be completed for the identified authorised operator and confirmation provided to RQIA upon return of the QIP.

A copy of the updated policy for the safe storage of laser keys should be provided to RQIA upon return of the QIP.

	Regulations	Standards
Areas for improvement	3	1

## 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 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.

Six 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. Mr Leacock was informed that clients have the right to apply for access to their treatment records in accordance with the General Data Protection Regulations May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

Mr Leacock was advised to develop a records management policy and procedure to include the creation, use, retention, storage, transfer, disposal, retention and access to records in accordance with legislation. An area for improvement against the standards has been made.

The establishment is registered with the ICO.

### Audits

Discussion with Mr Leacock confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals however a formal auditing process has not yet been developed. Mr Leacock provided assurances that whilst there are no formal auditing processes in place, all areas are under continual review and arrangements are in place to escalate shortfalls identified through the establishment's management and oversight arrangements.

Since the initial registration Skinworkz Beauty Limited has developed from having only one authorised operator to now having three authorised operators.

Advice was provided regarding areas of practice that could be audited to provide assurance of the standard of care and treatment provided at all times.

## 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.

Staff confirmed that management is approachable and their views and opinions are listened to. Mr Leacock and staff confirmed that informal staff meetings are held on a regular basis however minutes of these meetings are not routinely retained. Mr Leacock stated that in the future all staff meeting minutes will be recorded and retained.

## 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. Mr Leacock was very receptive of advice and guidance given and demonstrated a commitment to further develop the areas discussed during this inspection

## Areas for improvement

A records management policy and procedure should be developed.

	Regulations	Standards
Areas for improvement	0	1

### 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 the Mr Leacock and staff 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 in a locked filing cabinet.

Discussion with Mr Leacock identified that a formal client satisfaction survey has not taken place since the previous inspection, as Skinworkz Beauty Limited believed that the questionnaires provided by RQIA would be sufficient. Advice was provided in this area and Mr Leacock stated that a client consultation survey would be undertaken. It was further confirmed the result of this survey would be collated to provide a summary report and made available to clients and other interested parties. In addition an action plan would be developed to inform and improve services provided, if appropriate. An area from improvement has been made against the standards to ensure that a copy of the client satisfaction survey summative report is provided to RQIA upon return of the QIP.

### 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

A copy of the most recent client satisfaction survey summative report should be provided to RQIA upon return of the QIP.

	Regulations	Standards
Areas for improvement	0	1

#### 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, the authorised operator was able to describe their role and responsibilities and was aware of who to speak to if they had a concern. The authorised operator confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. It was confirmed that Mr Leacock and Ms Strojna share the day to day management responsibility of the Skinworkz Beauty Limited, Ballymena.

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

Ms Karina Strojna, responsible individual continues to have day to day responsibility of the service alongside Mr Leacock, therefore Regulation 26 unannounced quality monitoring visits are not required.

Policies and procedures were available for staff reference. Mr Leacock and the authorised operator were aware of the policies and how to access them.

As previously discussed the establishment has grown since initial registration with RQIA which has brought with it the need for more formal arrangements and the need to expand on the existing policies and procedures provided in the establishment. We advised that policies and procedures should be retained in a dedicated folder which is indexed for easy access by all staff members. Each policy should show the date of implementation and the date for review, which should take place systematically every three years or sooner should the need arise. An area for improvement has been made against the standards in this regard.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the clients's guide and information on display in the establishment. Discussion with Mr Leacock confirmed that he had received training on complaints management and was knowledgeable about how to respond to complaints.

There have been no complaints since the previous inspection; however, discussion with Mr Leacock confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Discussion with 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. 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.

A whistleblowing/raising concerns policy was available. Mr Leacock and the authorised operator confirmed that they were aware of who to contact if they had a concern.

Mr Leacock demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within 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 up to date and displayed appropriately.

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

### **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

The range of policies and procedures for the establishment should be reviewed and expanded to meet the needs of the establishment.

Policies and procedures should be retained in a dedicated policy manual which is centrally indexed for ease of access and are dated when issued, reviewed or revised.

	Regulations	Standards
Areas for improvement	0	2

### 6.8 Equality data

#### 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.

### 6.9 Client and staff views

Eighteen clients submitted questionnaire responses to RQIA. All eighteen clients 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. Additional comments provided by clients demonstrated they felt they were treated in a professional and dignified manner and that they were very satisfied with the outcome of their treatment.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Mark Leacock, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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 Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 December 2019	<p>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.</p> <p>Ref: 6.2 and 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> i can confirm this recruitment documentation is all in place as i know and understand the correct recruitment
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 February 2020	<p>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.</p> <p>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.</p> <p>Ref: 6.2 and 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> i can confirm i fully understand and access ni will be completed prior to any employment

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (1) (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2020	<p>The registered person shall ensure a staff register is in place and includes the following:</p> <ul style="list-style-type: none"> <li>the staff member's name and date of birth</li> <li>detail of their position in the establishment</li> <li>dates of employment (starting and finishing dates)</li> <li>details of registration of professional qualification, as appropriate.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> i can confirm our staff register is in place detailing all of the above</p>
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.19  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2020	<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> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> i can confirm we have a policy in place for safe storage of laser keys</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2020	<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: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> yes policys will be added when needed for best practice</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.6  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2020	<p>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.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> yes i can confirm client satisfaction survey and all reviews on our buisness page are available</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2020	<p>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.</p> <p>Ref: 6.7</p>

	<b>Response by registered person detailing the actions taken:</b> yes i can confirm when required more policies, procedures will be developed
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 19.4  <b>Stated:</b> 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.  Ref: 6.7
<b>To be completed by:</b> 17 February 2020	<b>Response by registered person detailing the actions taken:</b> yes i can confirm the above

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



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