

# **Announced Care Inspection Report 14 December 2018**



## **Skinworkz Beauty Limited**

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

**Address: 41A Bridge Street, Ballymena, County 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.

### Laser equipment:

- Manufacturer: Cynosure Elite
- Serial Number: ELMD2309
- Laser Class: Class 4
- Wavelength: 1064nm – 532nm
- Manufacturer: Cynosure Revlite
- Serial Number: RL- 5233
- Laser Class: Class 4
- Wavelength: 1064nm – 635nm

It was confirmed that since the previous inspection the Cynosure Affinity QS laser has been removed from the establishment and replaced with the Cynosure Revlite laser.

### Laser protection advisor (LPA):

Dr Simon Wharmby (Lasersafe)

### Laser protection supervisor (LPS):

Mr Mark Leacock

### Medical support services:

Dr Graham Bissett

### Authorised operators:

Ms Karina Strojna

Ms Amy Cunningham

### Types of treatment provided:

Tattoo removal, hair removal, skin rejuvenation, thread vein treatments and warts and verrucas.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Skinworkz Beauty Limited  <b>Responsible Individual:</b> Ms Karina Strojna	<b>Registered Manager:</b> Ms Karina Strojna
<b>Person in charge at the time of inspection:</b> Ms Karina Strojna	<b>Date manager registered:</b> 02 September 2016
<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 14 December 2018 from 10.00 to 11.45.

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

Three areas of improvement were identified during this inspection.

Two areas of improvement were made against the regulations in relation to the recruitment and selection of staff. One area of improvement was made against the standards in relation to core of knowledge training for any appointed authorised operator.

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>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Karina Strojna, registered person, 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 06 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 March 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 invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received by RQIA.

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

During the inspection the inspector met with Ms Strojna, registered person and authorised operator, and briefly with Mr Mark Leacock, joint owner of Skinworkz Beauty Limited. Ms Strojna facilitated the inspection.

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 Ms Strojna at the conclusion of the inspection and to Mr Leacock by email following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 06 March 2018

The most recent inspection of Skinworkz Beauty Limited 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 06 March 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 39 (1) <b>Stated:</b> First time	The registered person shall ensure that medical treatment protocols are in place for the Cynosure Elite laser.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that medical treatment protocols were provided for the Cynosure Elite laser dated as valid until 5 May 2021.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 39 (1) <b>Stated:</b> First time	The registered person shall ensure that the establishment has an appointed certified laser protection advisor in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that a certified laser protection advisor (LPA) Dr Simon Wharmby, Lasersafe has been appointed. Further detail is provided in section 6.4.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 39 (2) <b>Stated:</b> First time	The registered person shall ensure that local rules are developed by the LPA for the Cynosure Elite laser.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that local rules produced by Dr Wharmby (LPA) were in place.	

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 39 (2)  <b>Stated:</b> First time	The registered person shall ensure that a risk assessment is developed by the LPA for the Cynosure Elite laser and any recommendations made are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that a risk assessment developed by Dr Wharmby (LPA) was in place and recommendations made within the assessment had been addressed.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 21 (3) Schedule 3 Part II (3)  <b>Stated:</b> First time	The registered person shall ensure that a separate laser register is established in respect of each laser and is completed each time the equipment is used. It should contain all of the information outlined in the main body of the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that a separate register was in place for the Cynosure Elite and the Cynosure Revlite.	
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 39 (2)  <b>Stated:</b> First time	The registered person shall ensure that eye protection is provided as outlined in the local rules for the Cynosure Elite.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that eye protection as outlined in the local rules produced by Dr Wharmby (LPA) were provided.	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.21  <b>Stated:</b> First time	The registered person should ensure that the laser safety file includes all relevant documentation in respect of the laser equipment in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A laser safety file was in place.	



<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time	The registered person shall ensure a client satisfaction survey is developed and a summary report detailing the main findings of client satisfaction surveys is generated on an annual basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that since the previous inspection a client satisfaction survey had been undertaken and the findings made available for clients. Ms Strojna stated that client satisfaction feedback is sought at regular intervals and a formal summary report of the findings will be provided for clients on at least an annual basis.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

Discussion with Ms Strojna confirmed that since the previous inspection a new authorised operator has commenced work in the establishment.

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

A completed induction programme evidenced that induction training was provided to the new authorised operator on commencement of employment.

A review of training records evidenced that Ms Strojna had completed the following training; core of knowledge training, safe application training for the equipment in use, basic life support, fire safety and protection of adults at risk of harm. Ms Strojna stated that she is due to complete refresher infection prevention and control training during March 2019 and this will be arranged for both herself and the new authorised operator in the near future.

Training records were not available for the new authorised operator. Following the inspection RQIA received a copy of training records and certificates which evidenced that the new authorised operator had completed safe application training for the equipment in use and also training in basic life support, fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance. On 16 January 2019, RQIA was informed by email that arrangements were in place for the new authorised operator to complete core of knowledge training and a certificate of completion would be provided to RQIA.



An area of improvement has been made against the standards to ensure any new authorised operator completes core of knowledge training prior to providing laser treatments to clients.

Mr Leacock works at the establishment, but is not directly involved in the use of the laser equipment. It was evidenced that Mr Leacock had received laser safety awareness training.

## **Recruitment and selection**

As previously discussed, since the previous inspection, one new authorised operator has commenced employment in the establishment. It was confirmed that no recruitment documentation had been sought for this staff member. Ms Strojna was advised that any new authorised operator must have all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 sought and retained for inspection. An area of improvement has been made against the regulations in this regard.

It was identified that an AccessNI enhanced disclosure check had not been undertaken for the new authorised operator. Ms Strojna was advised that an AccessNI enhanced disclosure check must be completed for the identified authorised operator and confirmation provided to RQIA upon return of the QIP. Ms Strojna was also advised to ensure an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future. An area of improvement has been made against the regulations.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. Ms Strojna was advised that this policy and procedure should have been followed when recruiting new staff.

## **Safeguarding**

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

Ms Strojna was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified and confirmed that the other authorised operator is aware that she is the nominated safeguarding lead. Ms Strojna has completed formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

As previously discussed, following the inspection RQIA received confirmation that the new authorised operator had completed training in safeguarding adults in keeping with the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults. The policies 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 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 also available for staff reference.

## Laser safety

As previously discussed, since the previous inspection the Cynosure Elite laser has been removed from the establishment and replaced with the Cynosure Revlite laser.

A laser safety file was in place which contained all of the relevant information in relation to laser equipment currently in use in Skinworkz Beauty Limited.

There was written confirmation of the appointment and duties of a certified LPA Dr Simon Wharmby, effective from 22 May 2018 and it was confirmed that this appointment will be reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 21 May 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Graham Bissett (Lasersafe) on 6 May 2018. Systems are in place to review the medical treatment protocols on an annual basis. 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 on 22 May 2018 and all recommendations made by the LPA have been addressed.

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.

The laser equipment is 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.

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 laser register which is completed every time the equipment is operated and includes:

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report for the Cynosure Elite was dated 13 February 2018 and following the inspection RQIA received a copy of the service report for the Cynosure Revlite which confirmed that this machine was serviced on 7 January 2019.

### **Management of emergencies**

As discussed, it was confirmed that Ms Strojna has up to date training in basic life support. On 04 January 2019, RQIA received documentary confirmation that the new authorised operator completed basic life support training on 03 January 2019. Discussion with Ms Strojna confirmed that all staff were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

### **Infection prevention and control and decontamination procedures**

The treatment room was clean and clutter free. Discussion with Ms 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, Ms Strojna confirmed that infection prevention and control training is being arranged for both herself and the new authorised operator. Ms Strojna stated that the new authorised operator was provided with infection prevention and control training as part of their induction process.

### **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, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

### **Areas for improvement**

Any new authorised operator must complete core of knowledge training prior to providing laser treatments to clients.

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.

	Regulations	Standards
Areas for improvement	2	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.

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

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

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

Discussion with Ms Strojna and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the (ICO).

## Communication

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

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

### Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

#### 6.6 Is care compassionate?

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

### Dignity respect and involvement with decision making

Discussion with Ms Strojna 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.

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

### Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance

Ms Strojna confirmed that the new authorised operator is aware of their role and responsibilities and who to speak to if they have a concern. Ms Strojna has overall responsibility for the day to day management of the service and confirmed that there were good working relationships and that any concerns or suggestions raised by any other staff would be addressed.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were reviewed on an annual basis. Ms Strojna confirmed that the other authorised operator is aware of the policies and how to access them.

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

A copy of the complaints procedure was available in the establishment. Ms Strojna demonstrated an awareness of complaints management.

Ms Strojna 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.

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

A whistleblowing/raising concerns policy was available. Ms Strojna confirmed that the other authorised operator is aware of who to contact if they have a concern.

Ms Strojna, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for 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.

## 6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All 20 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 or satisfied with each of these areas of their care. The following comments were provided in submitted questionnaires:

- 'XXX is very good and caring throughout my treatment.'
- 'Best place for laser hair removal. I always look forward to see XXX.'
- 'Very professional staff. Make me feel at ease. Can answer any questions I have and aftercare is excellent. Very happy customer.'
- 'Great care, XXX lovely. I intend to make another appointment.'
- 'Felt so comfortable as soon as I entered the clinic. So friendly and professional. Explained everything in detail and my hair removal is amazing.'
- 'Very good and friendly staff. Felt at ease throughout. Staff had no problem answering any questions I had. Very high level of knowledge.'
- 'Great, friendly staff. Would highly recommend.'
- 'First class treatment and very satisfied with laser treatment. Staff very good and lovely manner.'
- 'Very professional friendly service. I have recommended Skinworkz to friends.'

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 Ms Karina Strojna, registered person, 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> First time  <b>To be completed by:</b> 14 February 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: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Yes i am aware and will follow this if there is any future employees.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2019</p>	<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: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Awaiting details from Rqia on how to obtain this enchanted ni check,can only find the basic one online, but i have been advised it has to be enchanted, will complete as soon as i recieve how to obtain, many thanks</p>
<p><b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 48.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2019</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> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Core of knowledge fao amy cunningham completed and certification sent to Mrs Carmel Mckeegan RQIA via email 25<sup>th</sup> jan 19</p>

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



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