

Announced Care Inspection Report 9 February 2017



Dual Laser sPTF & Treatment

**Type of Service: Cosmetic Independent Hospital (IH) – Intense Pulse
Light (IPL) Service**

Address: Unit B-10, 80-82 Rainey Street, Magherafelt, BT45 5AG

Tel No: 07710625707

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Dual Laser sPTF and Treatment took place on 09 February 2017 from 09:50 to 11:40.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Ms Marzena Lonak, registered person, demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. One recommendation has been made for the authorised user to complete safeguarding training.

Is care effective?

Observations made, review of documentation and discussion with Ms Lonak demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Lonak demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made to generate a report detailing the main findings of the client satisfaction survey.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Lonak, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 March 2016.

2.0 Service details

Registered organisation/registered person: Ms Marzena Lonak	Registered manager: Ms Marzena Lonak
Person in charge of the home at the time of inspection: Ms Marzena Lonak	Date manager registered: 13 May 2016
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

Intense Pulse Light (IPL) equipment

Manufacturer: Mimari
 Model: sPTF+ GP666C4
 Serial Number: 1000152577
 Output wavelength: 400-1200nm

Laser protection advisor (LPA)

Dr Anna Bass (Lasernet)

Laser protection supervisor (LPS)

Ms Marzena Lonak

Medical support services

Dr Paul Myers (Lasernet)

Authorised users

Ms Marzena Lonak

Types of treatment provided

- hair removal
- skin rejuvenation
- treatment of red veins
- treatment of acne
- wrinkle reduction

3.0 Methods/processes

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed client questionnaires. No staff are employed in Dual Laser sPTF and Treatment.

During the inspection the inspector met with Ms Marzena Lonak, registered person and authorised user. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection**4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016 and 14 April 2016**

The most recent inspections of the establishment were announced pre-registration care and premises inspections which were undertaken on 24 March 2016 and 14 April 2016. The completed QIP's in respect of the pre-registration care and premises inspections were approved by the care and estates inspectors and the registration of the establishment was approved.

4.2 Review of requirements and recommendations from the last care inspection dated 24 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 25 (2) Stated: First time	<p>Ms Lonak must ensure that a key to the treatment room is placed in a 'break glass' box outside the room to enable access in the event of an emergency.</p> <p>Action taken as confirmed during the inspection: It was observed that an emergency 'break glass' box has been wall mounted in the main reception area. The box contains the key to open the treatment room door in the event of an emergency.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19 Stated: First time	<p>It is recommended that an advertising policy is developed in line with legislation as outlined in the body of the report.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that an advertising policy has been developed. The policy is in keeping with the Advertising Standards Agency. It was suggested that all policies should be signed by the registered person and have the date of implementation and planned review recorded.</p>	Met
Recommendation 2 Ref: Standard 2 Stated: First time	<p>It is recommended that written information for clients on the specific IPL procedures that explains the risks, complications and expected outcomes of the treatment are developed.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that written information for clients that explains the risks, complications and expected outcomes of IPL treatments have been developed. Ms Lonak confirmed this written information is available in different languages. Ms Lonak also confirmed that clients sign and date a proforma confirming that they have been given the written information.</p>	Met

Recommendation 3 Ref: Standard 2 Stated: First time	It is recommended that the written aftercare information advice leaflets are developed for the specific IPL treatments available.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that written aftercare information advice leaflets have been developed. This information is available in different languages.	

4.3 Is care safe?

Staffing

Ms Lonak confirmed that IPL treatments are carried out by her as the authorised user. The register of authorised users for the IPL machine reflects that Ms Lonak is the only authorised user.

It was confirmed that if any new authorised users were recruited they would be provided with induction training.

A review of training records evidenced that Ms Lonak had up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety.

Ms Lonak is the only person who works in Dual Laser sPTF and Treatment and she confirmed that should any support staff be employed in the future that they would receive IPL safety awareness training.

Recruitment and selection

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

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Ms Lonak was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Ms Lonak confirmed that she had not undertaken any training in respect of adult safeguarding. A recommendation has been made that Ms Lonak should complete adult safeguarding training in keeping with the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Review of documentation evidenced that the appointed laser protection advisor (LPA) have provided the establishment with separate child and adult protection policies. A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Ms Lonak by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Ms Lonak confirmed the IPL service is not provided to persons under the age of 18 years.

IPL safety

IPL safety files were in place which contained all of the relevant information in relation to IPL equipment.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 04 November 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 05 November 2016. 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 IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 07 December 2016 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 users is maintained. Authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

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

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

It was observed that the IPL equipment is operated using an on/off switch. Ms Lonak confirmed that when not in use the handpiece is disconnected from the machine and locked away and the treatment room door is locked when the IPL equipment is not in use. These measures ensure no unauthorised access to the IPL machine. 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 IPL equipment is in use and removed when not in use.

The establishment has an IPL 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

Ms Lonak confirmed that the IPL machine is under manufacturer's warranty and not due servicing until September 2017. Ms Lonak has made arrangements to have the machine serviced during July 2017. Ms Lonak was advised to retain servicing records.

Management of emergencies

As discussed, authorised users have up to date training in basic life support. Discussion with Ms Lonak confirmed that she was 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 Lonak evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised users have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

Client views

Ten clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- 'Top quality service'
- 'Top quality services'
- 'Good'
- 'Salon is very clean, staff is very helpful and explains things to me'

As discussed Dual Laser sPTF and Treatment do not employ any staff, therefore no staff questionnaires were submitted to RQIA.

Areas for improvement

Ms Lonak should complete adult safeguarding training in keeping with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. As discussed, 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 IPL procedure.

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

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

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. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

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.

Client views

All 10 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- 'Gives full attention and gives great aftercare advice'
- 'Girls fully recommended'
- 'Good'
- 'The care has been explained to me and I think it is having a positive effect'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Ms Lonak 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 user 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.

Client satisfaction surveys are carried out by the establishment routinely and Ms Lonak confirmed that clients also comment and rate the service on the establishments Facebook page. Ms Lonak confirmed that results of client satisfaction surveys are not collated to provide a summary report which is made available to clients and other interested parties. A recommendation was made to address this. Ms Lonak was advised that the report should include the number of completed client satisfaction surveys used to generate the report and include comments submitted by clients on Facebook.

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

Client views

All 10 clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- 'Very kind and caring service'
- 'Very kind and caring services. I recommend this service to everybody'
- 'Yes I feel the care is very compassionate and I am treated with respect'

Areas for improvement

A report detailing the findings of the client satisfaction surveys should be generated on an annual basis. An action plan should be developed to inform and improve services provided, if appropriate.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Management and governance

Ms Lonak is the only authorised user in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Ms Lonak confirmed these were reviewed on an annual basis.

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

A copy of the complaints procedure was available in the establishment. Ms Lonak demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

Discussion with Ms Lonak confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since the previous inspection. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed.

Discussion with Ms Lonak confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

Ms Lonak, 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 Lonak is aware that the statement of purpose and client's guide should be kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately. Dual Laser sPTF and Treatment was registered on 13 May 2016. Two conditions had been made on the registration of this establishment. The conditions are as follows:

1. Registration is subject to confirmation of compliance with Building Control legislation
2. Registration is subject to confirmation of compliance with Planning legislation

On the afternoon of the inspection Ms Lonak emailed documentation to RQIA in regards to building control and planning approval. This documentation was shared with relevant RQIA staff. This information will be reviewed following which the conditions on registration may be removed and a new certificate of registration forwarded to Ms Lonak.

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

Client views

All 10 clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- 'Service is fully managed well and staff take real professional care of the client'
- 'Very good'
- 'Marzena is as enthusiastic as she is professional. She is very knowledgeable and makes me feel comfortable about the care'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Marzena Lonak, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 Independent Hospital - Intense Pulsed Light. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 3.9</p> <p>Stated: First time</p> <p>To be completed by: 09 April 2017</p>	<p>Ms Lonak should complete adult safeguarding training in keeping with the Minimum Care Standards for Independent Healthcare Establishments (July 2014).</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>I have completed an adult safeguarding course and I now have a certificate to prove it.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 09 April 2017</p>	<p>A report detailing the findings of the client satisfaction surveys should be generated on an annual basis. An action plan should be developed to inform and improve services provided, if appropriate.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>A report detailing of the client satisfaction surveys and an action plan will be prepared monthly</i></p>



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