

Announced Care Inspection Report 24 July 2017



The Belfast Skin Clinic

**Type of Service: Independent Hospital (IH) – Private Doctor (PD) and
Intense Pulse Light (IPL) Service**

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www.rgia.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) – with private doctor and Intense Pulse Light categories of registration.

IPL equipment:

- Manufacturer: Lumenis
- Model: M22 IPL System
- Serial Number: 2211

Laser protection advisor (LPA):

Dr Ifran Azam (Lasernet)

Laser protection supervisor (LPS):

Dr Pamela McHenry

Medical support services:

Dr Paul Myers

Authorised operator:

Ms Liese Merry

Types of treatment provided:

- hair removal
- skin rejuvenation
- treatment of red veins
- treatment of acne
- pigmentation treatment

3.0 Service details

Registered Organisation: The Belfast Skin Clinic Limited Responsible Individual: Dr Pamela McHenry	Registered Manager: Dr Pamela McHenry
Person in charge at the time of inspection: Dr Pamela McHenry	Date manager registered: 21 June 2016
Categories of care: Independent Hospital (IH) – PD - Private Doctor PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 24 July 2017 from 10:00 to 14:30.

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, Social Services and Public Safety (DHSSPS) 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 relate to IPL safety, the arrangements for managing medical emergencies, clinical records, the environment, infection prevention and control, effective communication between clients and staff, 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.

Two areas of improvement against the regulations have been made. These relate to ensuring AccessNI enhanced disclosure checks are received for private doctors/authorised operators prior to commencing employment and ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained.

Two areas for improvement against the minimum standards identified during the last care inspection have not been addressed and these have been stated for the second time. These relate to the development of an advertising policy and retaining records to confirm that support staff have undertaken IPL awareness training.

An additional six areas of improvement against the minimum standards have been made. These relate to submitting a copy of the authorised operators core of knowledge training certificate, the further development of the safeguarding policy, ensuring the register of authorised operators is up-to-date, retaining records of induction, the development of a staff register and seeking patient/client feedback on the quality of care and treatment provided.

Patients/clients who submitted questionnaire responses to RQIA indicated they were very satisfied with all aspects of care.

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
Total number of areas for improvement	2	8

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Karen Moffett, establishment 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 pre-registration care inspection dated 15 April 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 April 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients/clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patients/clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspectors met with Dr Pamela McHenry, registered person and Mrs Karen Moffett, establishment manager.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- practising privileges arrangements
- medical practitioner personnel files
- clinical records
- 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 the Mrs Moffett at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 April 2016

The most recent inspection of the establishment was an announced pre-registration 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 15 April 2016

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
Area for improvement 1 Ref: Regulation 19 (1) (b) Stated: First time	Review the practising privileges policy to ensure it includes the following information: <ul style="list-style-type: none"> the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges a definition of the scope of practice for each medical practitioner 	Met
	Action taken as confirmed during the inspection: It was confirmed that following the previous inspection the practising privileges policy was updated. Review of the updated policy evidenced that it included all of the information listed above.	
Area for improvement 2 Ref: The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 Regulation 3 (2) (b) Schedule 2 (9) Stated: First time	The registered person must ensure that insurance arrangements are reviewed to ensure that employers and public liability insurance is in place in regards to the services and treatments provided in the establishment. The certificate of insurance should be retained for inspection.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that employers and public liability insurance was in place.	
Area for improvement 3 Ref: Regulation 18 (2) (a) Stated: First time	The registered person must ensure that all authorised users of the IPL equipment complete the following training prior to using the equipment: <ul style="list-style-type: none"> core of knowledge (every five years) safe use and application training basic life support infection prevention and control fire safety 	Met

	<p>The IPL equipment must not be used by any authorised user until they have completed the above training.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that the IPL equipment was not operational until May 2017. Discussion with Mrs Moffett and review of documentation confirmed that there is only one authorised operator for the IPL machine. Review of records evidenced that this authorised operator had completed the mandatory training as listed above. However the certificate in respect of the core of knowledge training could not be located and it was confirmed that the authorised operator is scheduled to complete this training again.</p> <p>The submission to RQIA of the core of knowledge certificate for the authorised operator has been identified as an area of improvement against the minimum standards.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (3) Schedule 3 Part II (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that an IPL register is established in line with the legislation. The IPL register should be maintained for every time the IPL equipment is operated and should include the following:</p> <ul style="list-style-type: none"> • The name of the person treated • The date • The operator • The treatment given • The precise exposure • Any accident or adverse incidents <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that an IPL register has been established. The register contained all of the information listed above.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that patient care records are developed which should contain information on the following:</p> <ul style="list-style-type: none"> • patient details • consultation • medical history • consent form • patch test, if applicable 	<p>Met</p>

	<ul style="list-style-type: none"> record of treatment 	
	Action taken as confirmed during the inspection: It was confirmed that an electronic records management system has been established in respect of the private doctor services. In respect of the IPL treatments paper records are retained. Review of the IPL treatment records evidenced that all of the information listed above is sought and retained.	
Area for improvement 6 Ref: Regulation 15 (2) Stated: First time	The registered person must discuss the protective eyewear available with the appointed LPA and any recommendations made by the LPA must be addressed.	Met
	Action taken as confirmed during the inspection: It was confirmed that the protective eyewear available was discussed with the appointed LPA who confirmed that the protective eyewear available was suitable for the IPL treatments provided. Correspondence from the LPA confirming this was reviewed.	
Area for improvement 7 Ref: Regulation 15 (1) Stated: First time	The registered person must ensure that the following issues in relation to the LPA risk assessment dated 14 October 2015 are addressed: <ul style="list-style-type: none"> the LPS should sign to confirm that actions points have been addressed the LPS should consult with the LPA in relation to action point eight and any recommendations made by the LPA should be addressed 	Met
	Action taken as confirmed during the inspection: Review of the LPA risk assessment evidenced that all action points have been addressed. Dr McHenry as the laser protection supervisor had signed and dated each action point to confirm they had been addressed.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	The registered person should contact the ICO and establish if The Belfast Skin Clinic is covered under Dr McHenry's ICO registration or if the clinic needs to register as a separate entity.	Met
	Action taken as confirmed during the	

	inspection: Dr McHenry confirmed that she contacted the Information Commissioners Office (ICO) and they confirmed that Dr McHenry's ICO registration covers The Belfast Skin Clinic.	
Area for improvement 2 Ref: Standard 48.13 Stated: First time	Ensure that all support staff not directly involved in the use of the IPL equipment have awareness training in IPL safety. Records of training should be retained. Action taken as confirmed during the inspection: Review of documents confirmed that training materials to be used to provide IPL safety awareness training were available. However, no records were available to confirm that support staff not directly involved in the use of the IPL machine had completed this training. This area for improvement has not been met and is stated for the second time.	Not met
Area for improvement 3 Ref: Standard 23.2 Stated: First time	Written protocols for the decontamination of equipment between patients in keeping with the manufacturers' instructions should be developed and implemented. Action taken as confirmed during the inspection: Review of records evidenced that cleaning schedules to include the decontamination of the IPL machine and protective eyewear have been developed and implemented.	Met
Area for improvement 4 Ref: Standard 20.2 Stated: First time	A policy on cleaning and maintaining the environment should be developed. The policy should outline the roles and responsibilities of staff including any contracted cleaning companies. Cleaning schedules should be developed and the signed cleaning schedules should be retained for inspection. Action taken as confirmed during the inspection: Review of documentation evidenced that a policy on cleaning and maintaining the environment has been developed. It was confirmed that cleaning equipment is colour coded in keeping with best practice guidelines.	Met
Area for improvement 5 Ref: Standard 1.7 Stated: First time 15 June 2016	It is recommended that an advertising policy is developed in line with best practice guidance as outlined in the body of the report. Action taken as confirmed during the inspection:	Not met

	<p>Review of documentation evidenced that a number of best practice guidelines in respect of advertising and promotion of medical services were available for reference. However, an advertising policy had not been developed.</p> <p>This area of improvement has not been met and has been stated for a second time.</p>	
Area for improvement 6 Ref: Standard 1.1 Stated: First time	<p>Written information for patients on the specific private doctor service treatments and IPL procedures that explains the risks, complications and expected outcomes of the treatment should be developed.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records evidenced that written information on the private doctor services and IPL treatments have been developed.</p>	
Area for improvement 7 Ref: Standard 1.2 Stated: First time	<p>Written aftercare information advice leaflets should be developed for the specific private doctor service treatments and IPL treatments available.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records evidenced that written aftercare information advice leaflets in respect of the private doctor service and IPL treatments have been developed.</p>	
Area for improvement 8 Ref: Standard 20 Stated: First time	<p>Consideration should be given to appointing an infection prevention and control (IPC) advisor to complete an audit of the IPC arrangements in relation to the private doctor services provided, this should include the arrangements in regards to Mohs surgery.</p>	Met
	<p>Action taken as confirmed during the inspection: It was confirmed that an IPC advisor was appointed. The IPC advisor completed an audit of the IPC arrangements and produced a report. The IPC advisor report was reviewed and this contained no action points to be addressed.</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 Dr McHenry and Mrs Moffett confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Moffett confirmed that IPL treatments are only carried out by authorised operators. Review of the register of authorised operators evidenced that it had not been updated to reflect the most recently recruited authorised operator. This has been identified as an area for improvement against the minimum standards.

Mrs Moffett confirmed that one authorised operator has been recruited since the previous inspection. Although it was confirmed that this authorised operator completed an induction programme no records were retained to confirm this. This has been identified as an area for improvement against the minimum standards.

A review of training records evidenced that the authorised operator had up to date training in safe use and application training for the equipment in use, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm. As previously discussed the authorised operator's core of knowledge certificate had been misplaced and an area of improvement against the minimum standards has been identified in this regard.

As previously discussed training materials to be used to provide IPL safety awareness training were available. However, no records were available to confirm that support staff not directly involved in the use of the IPL machine had completed this training. This has been identified as an area for improvement stated for the second time.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Mrs Moffett confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Dr McHenry is the only private doctor in the establishment. Review of Dr McHenry's details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

- an appointed responsible officer
- arrangements for revalidation

It was confirmed that Dr McHenry is aware of her responsibilities under GMC Good Medical Practice.

Recruitment and selection

Mrs Moffett confirmed that The Belfast Skin Clinic have appointed an external company to provide support and advice in regards to staff recruitment and all matters to do with Human Resources (HR).

A review of one personnel file for an authorised operator recruited since the previous inspection and discussion with Mrs Moffett evidenced that some recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. Review of the identified staff personnel file evidenced that an employment history to include an explanation of any gaps in employment (if applicable), a contract of employment, record of induction and job description had not been retained.

It was also identified that an establishment manager has been recruited since the previous inspection. Review of the identified staff member's personnel file evidenced that not all relevant recruitment documentation had been sought and retained. Review of the file evidenced that the AccessNI enhanced disclosure check had been received after they commenced work. The file did not include a criminal conviction declaration, two written references, an employment history, contract of employment or job description.

The procedure for undertaking and recording AccessNI enhanced disclosure checks in respect of authorised operators/private doctors who commence employment in the future was discussed with Mrs Moffett. An area for improvement was identified against the regulations that enhanced AccessNI checks must be undertaken and received in respect of any private doctors/authorised operators who commence work in the future.

Mrs Moffett was advised that in respect of any private doctors/authorised operators recruited in the future that all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained. An area of improvement against the regulations has been made in this regard.

Mrs Moffett was advised that it would be considered best practice to apply the same recruitment and selection practices in place in respect of private doctors/authorised operators to all staff recruited by The Belfast Skin Clinic in the future.

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

It was confirmed that a staff register in keeping with Schedule 3 Part II 6 of the Independent Health Care Regulations (Northern Ireland) 2005 had not been developed. This has been identified as an area for improvement against the minimum standards.

Safeguarding

Mrs Moffett was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mrs Moffett is the nominated safeguarding lead within the establishment.

Mrs Moffett confirmed that staff completed online safeguarding adults training. Mrs Moffett is aware that refresher training should be provided every two years in keeping with the Minimum Care Standards for Independent Healthcare Establishments July 2014.

One overarching safeguarding policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. Review of the policy evidenced that it needs to be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). This has been identified as an area for improvement against the minimum standards.

Following the inspection the following documents were forwarded to Mrs Moffett 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)

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL 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 on 22 September 2017.

Laser procedures are carried out by authorised operators in accordance with medical treatment protocols produced by Dr Paul Myers on 23 September 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 14 October 2015 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. As previously discussed the most recently recruited authorised operator had not signed the authorised operators register to confirm they had read and understood the local rules and medical treatment protocols. This has been identified as an area for improvement against the minimum standards.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

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.

The IPL equipment is operated using a keypad. Arrangements are in place for the safe custody of the IPL keypad code and keys for the treatment rooms 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 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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 27 February 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, the authorised operator had up to date training in basic life support.

The establishment has a policy and procedure on dealing with medical emergencies.

Dr McHenry and Mrs Moffett were aware of what action to take in the event of a medical emergency.

Mrs Moffett confirmed that all medical practitioners have received training in basic life support and basic medical emergency equipment is available.

Infection prevention and control and decontamination procedures

The establishment has a range of infection prevention and control policies and procedures. As discussed an external infection prevention and control (IPC) consultant has completed a review of the IPC arrangements in the establishment.

A range of information for patients/clients and staff regarding hand washing techniques were available.

There are arrangements in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. The Belfast Skin Clinic has a contract with the CSSD Department of the Ulster Hospital to decontaminate reusable medical devices. It was confirmed that single use equipment is used where possible.

Staff are provided with IPC training commensurate with their role.

Mrs Moffett had a good knowledge and understanding of IPC measures.

The consultation and IPL treatment rooms were clean and clutter free. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed the authorised operator has undertaken up to date training in infection prevention and control.

Environment

The premises were maintained to a high 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.

Arrangements are in place for maintaining the environment to include the routine servicing and maintenance of the passenger lift, intruder alarm, fire detection system and firefighting equipment. It was also confirmed that the arrangements are in place for portable appliance testing (PAT) of electrical equipment and the inspection of the fixed electrical wiring installations.

A fire risk assessment was undertaken by an external organisation and routine checks are undertaken and recorded in respect of the fire detection system.

A legionella risk assessment has been undertaken.

Mrs Moffett confirmed that arrangements are in place to ensure the fire and legionella risk assessments are reviewed on an annual basis.

Patient/client and staff views

Two patients/clients submitted questionnaire responses. Both indicated that they felt safe and protected from harm and indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- “I feel very safe and well informed about risks and planned care.”
- “Extremely clean environment. Nurse XXXX is very professional and goes to lengths to ensure treatment and any side effects are fully explained”

Three staff submitted questionnaire responses. All indicated that they felt that patients/clients are safe and protected from harm and indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to appraisal, IPL safety, the arrangements for managing medical emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

AccessNI checks must be received prior to any new private doctors/authorised operators commencing work in the future.

Staff personnel files for any private doctors/authorised operators who commence work in the future must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The core of knowledge certificate for the authorised operator must be submitted to RQIA upon return of the Quality Improvement Plan (QIP).

A record should be made to confirm that support staff not directly involved in the use of the IPL machine have completed IPL safety awareness training.

A record of induction should be retained for all private doctors/authorised operators who commence employment in the future.

The register of authorised operators should be maintained up-to-date.

A staff register should be developed and maintained up-to-date.

The safeguarding policy should be further developed to ensure it fully reflects best practice guidance. The updated policy should be shared with staff.

	Regulations	Standards
Total number of areas for improvement	2	6

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Dr McHenry and Mrs Moffett were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient/client care records are held in secure locked filing cabinets. Computerised records are accessed using individual usernames and passwords.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Mrs Moffett and review of the management of records policy confirmed that patients/clients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and where appropriate ICO regulations and Freedom of Information legislation.

Records required by legislation were retained and made available for inspection.

Patients/clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the patient/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 patient/client.

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

Two client care records in respect of IPL treatment 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)

Communication

As discussed, there is written information for patients/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.

As discussed the development of an advertising policy has been identified as an area for improvement against the minimum standards, stated for the second time.

Audits

Mrs Moffett confirmed that as a relatively newly established clinic formal routine audits have not been introduced. Mrs Moffett also confirmed that she is in the process of developing a rolling programme of audits to include theatre usage, infection rates (if applicable), completion of care records and review of accidents/incidents and complaints.

Communication

Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Information provided to patients/clients and/or their representatives is written in plain English.

Mrs Moffett confirmed that staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained. In addition to the formal monthly meeting informal meetings are held routinely. If information needs to be shared with staff the information is shared via email.

Patient/client and staff views

Both patients/clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of care. The following comments were provided:

- “Staff very attentive and informative regarding my treatments.”
- “Have full after care details and contact numbers should anything go wrong. All discussed and issued on each visit.”

All three submitted staff questionnaire responses indicated that they felt that patients/clients get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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.

Areas for improvement

An advertising policy and procedure should be developed and implemented.

	Regulations	Standards
Total number of 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

Dr McHenry and Mrs Moffett confirmed that during the consultation and treatment process patients'/clients' modesty and dignity is respected. Consultations and treatments are provided within private rooms with the patient/client and medical practitioner/authorised operator present. It was confirmed that information is provided to patients/clients in verbal and written form at the initial consultation and subsequent treatment sessions to allow them to make choices about their care and treatment and provide informed consent.

It was confirmed through the above discussion that patients/clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

Mrs Moffett confirmed that patient care records in respect of the private doctor clinical records are stored securely and are accessible online via secure online patient records systems. Paper records are retained in respect of IPL treatments.

Mrs Moffett confirmed that as a newly established clinic that patient/client feedback in relation to the quality of treatment provided, information and care received has not been sought. Mrs Moffett was advised that the views of patients/clients about the standard and quality of care and information received should be formally sought. Patient/client feedback should be collated to provide a summary report which is made available to patients/clients and action plan developed (if required) to improve services. This has been identified as an area for improvement against the minimum standards.

Patient/client and staff views

Both of the patients/clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and indicated that they were very satisfied with this aspect of care. The following comment was included in a questionnaire response:

- “At all times I was treated with dignity and respect and felt safe in the treatment/care I received.”

All three submitted staff questionnaire responses indicated that they felt that patients/clients are treated with dignity and respect and are involved in decision making affecting their care and indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

The views of patients/clients about the standard and quality of care and information received should be formally sought. Patient/client feedback should be collated to provide a summary report which is made available to patients/clients and an action plan developed (if required) to improve services.

	Regulations	Standards
Total number of 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 and Mrs Moffett confirmed that the authorised operator was aware of her role and responsibilities and who to speak to if she had a concern. Mrs Moffett confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in

place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Mrs Moffett has recently been appointed as the establishment manager. It is envisaged that Mrs Moffett will be making application to RQIA to become the registered manager of the establishment in the near future.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Mrs Moffett confirmed that staff were aware of the policies and how to access them.

Dr McHenry and Mrs Moffett confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Moffett evidenced 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 2016 to 31 March 2017.

Mrs Moffett 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.

Dr McHenry is the only private doctor providing services in the establishment. Mrs Moffett outlined the process for granting practising privileges should additional private doctors be appointed and confirmed that they would meet with Dr McHenry prior to privileges being granted.

Mrs Moffett confirmed that should additional private doctors be appointed that their personnel files would include a written agreement between each medical practitioner and the establishment setting out the terms and conditions of the practising privileges and that this would be signed by both parties.

Mrs Moffett is aware that should additional practising privileges be granted these should be reviewed every two years.

The Belfast Skin Clinic has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Mrs Moffett was advised that it would be considered best practice for all medical practitioners to have practising privileges agreements in place.

Mrs Moffett confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients/clients at appropriate intervals and that if required an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Mrs Moffett confirmed that staff were aware of who to contact if they had a concern.

Dr McHenry, registered person/manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been

submitted within specified timeframes. Mrs Moffett 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.

Evidence gathered during the inspection has identified a number of issues within the domains of 'Is Care Safe?' and 'Is Care Compassionate'. All of which have an impact on quality assurance and good governance. Two areas of improvements against the regulations and eight areas of improvements against the minimum standards have been made in order to progress improvements in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient/client and staff views

Both of the patients/clients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated that they were very satisfied with this aspect of the service. The following comments were provided:

- "Absolutely, Belfast Skin Clinic is well managed and staff are knowledgeable and motivated. Deliver quality care."
- "Very professional and experienced staff with many years offering treatment."

All three submitted staff questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- "As a new clinic and services are just developing audits have yet to be carried out."

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Karen Moffett, establishment manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person 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 IPL and private doctor service. 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, Social Services and Public Safety (DHSSPS) 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 person should confirm that these actions have been completed and return the completed QIP to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered persons should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, as amended	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 24 July 2017	The registered person shall ensure that enhanced AccessNI checks are undertaken and received in respect of any private doctors/authorised operators prior to them commencing work in the clinic. Ref: 6.4 Response by registered person detailing the actions taken: All staff must complete a satisfactory enhanced disclosure check completed prior to commencement of work in the Belfast Skin Clinic
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended	The registered person must ensure that staff personnel files for any private doctors/authorised operators who commence work in the future contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Stated: First time	Ref: 6.4
To be completed by: 24 July 2017	Response by registered person detailing the actions taken: I confirm that all personnel files will contain all information specified in Schedule 2
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1	The registered person shall submit the core of knowledge training certificate for the authorised operator upon return of this Quality Improvement Plan (QIP).
Ref: Standard 48.12	
Stated: First time	Ref: 6.4
To be completed by: 18 September 2017	Response by registered person detailing the actions taken: Completed - Core of Knowledge Certificates enclosed
Area for improvement 2	Ensure that all support staff not directly involved in the use of the IPL equipment have awareness training in IPL safety. Records of training should be retained.
Ref: Standard 48.13	
Stated: Second time	Ref: 6.4
To be completed by: 18 September 2017	Response by registered person detailing the actions taken: Completed - all support staff have had awareness training in IPL safety. All must sign and date when completed.
Area for improvement 3	An advertising policy should be developed in line with best practice guidance.
Ref: Standard 1.7	Ref: 6.5
Stated: Second time	Response by registered person detailing the actions taken: Completed - Advertising policy enclosed
To be completed by: 18 September 2017	
Area for improvement 4	The register of authorised operators should be updated to ensure the names of all authorised operators are recorded. Authorised operators should sign the register to confirm they have read and understood the local rules and medical treatment protocols.
Ref: Standard 48.2	
Stated: First time	Ref: 6.4
To be completed by: 24 August 2017	Response by registered person detailing the actions taken: Completed - Copy of register of Authorised Operators enclosed
Area for improvement 5	A record of induction should be retained for all private doctors/authorised operators who commence employment in the future.
Ref: Standard 13.3	
Stated: First time	Ref: 6.4
To be completed by: 24 July 2017	Response by registered person detailing the actions taken: Completed - Induction Record enclosed
Area for improvement 6	A staff register in keeping with Schedule 3 Part II 6 of the Independent

Ref: Standard 12.5 Stated: First time To be completed by: 14 August 2017	Health Care Regulations (Northern Ireland) 2205 should be developed. The staff register once developed should be considered a live document and kept up-to-date. Ref: 6.4 Response by registered person detailing the actions taken: Completed - Staff Register enclosed
Area for improvement 7 Ref: Standard 3.1 Stated: First time To be completed by: 24 September 2017	The safeguarding policy should be reviewed and further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). The updated policy should be shared with staff. Ref: 6.4 Response by registered person detailing the actions taken: Completed - Safeguarding Policy enclosed. Has been circulated to all staff
Area for improvement 8 Ref: Standard 5.1 Stated: First time To be completed by: 24 September 2017	The views of patients/clients about the standard and quality of care and information received should be formally sought. Patient/client feedback should be collated to provide a summary report which is made available to patients/clients and action plan developed (if required) to improve services. Ref: 6.6 Response by registered person detailing the actions taken: Completed - Patient/Client summary report enclosed. Available for review by all users and staff

****Please ensure this document is completed in full and returned to RQIA's Office****



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