

Inspection Report

7 March 2024



www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: The Belfast Skin Clinic Ltd</p> <p>Responsible Individual: Dr Pamela McHenry</p>	<p>Registered Manager: Ms Karen Moffett</p> <p>Date registered: 16 November 2017</p>
<p>Person in charge at the time of inspection: Ms Karen Moffett</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) Private doctor (PD)</p>	
<p>Brief description of how the service operates: The Belfast Skin Clinic is registered as an independent hospital (IH) – with a private doctor, cosmetic laser and intense pulse light categories of care. The clinic provides a wide range of services and treatments, including outpatient clinics, diagnostic tests and investigations and some minor surgical day case procedures. The range of specialties includes dermatology, plastic surgery, rheumatology and vascular. In addition, the clinic also provides a range of aesthetic treatments.</p> <p>Although a wide range of services and treatments are offered in The Belfast Skin Clinic, this inspection focused solely on the treatments that fall within regulated activity and the categories of care for which the establishment is registered.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer:Lumenis Model: SplendorX Serial Number: SPXAY22A-211418 Laser Class: 4 Wavelength: 755 nm 1064 nm</p> <p>Manufacturer:Cutera Model: Secret Pro CO2 Laser Serial Number: 00973_C Laser Class: 4</p>	

IPL equipment:

Manufacturer: Lumenis
 Model: M22 IPLS
 Serial Number: SN -2211
 Hand Pieces: IPL

Types of laser treatments provided: Adult (over 18 years) and young persons (14 years to 18 years)

- hair removal/reduction (using NdYAG or Alexandrite handpiece)
- vascular (using NdYAG or Alexandrite handpiece)
- photo rejuenavation(adult only -Secret Pro CO2)
- scars(adult only-Secret Pro CO2)

Types of IPL treatments provided: Adult only (over 18years old)

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

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 March 2024 from 10.00 am to 3.15 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

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

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Posters were issued to The Belfast Skin Clinic by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No patient or staff questionnaires were submitted to RQIA prior to the inspection.

Patient feedback was assessed by reviewing the most recent patient satisfaction surveys completed by The Belfast Skin Clinic which were found to be very positive.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 31 January 2023		
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Clinics (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time	The responsible individual shall review the process for granting practising privileges to ensure that up to date practising privileges agreements are in place and are reviewed at least every two years and signed by both parties.	Met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of practising privileges agreements and discussed with the registered manager the process for granting practising privileges to ensure that up to date practising privileges agreements are in place; are	

	<p>reviewed at least every two years and signed by both parties. It was deemed that the area of improvement had been met. This is further discussed in section 5.2.11 of the report.</p>	
--	--	--

5.2 Inspection outcome

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

Ms Moffett told us there are sufficient staff in the various roles to fulfil the needs of the establishment and patients. Ms Moffett confirmed that there are four authorised operators and three private doctors who provide the treatments that fall within regulated activity.

Further information regarding the private doctors is discussed in section 5.2.11 of the report.

Ms Moffett and the laser protection supervisor (LPS) confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the lasers and the IPL equipment was maintained and kept up to date.

Ms Moffett confirmed that induction training is provided to all new staff on commencement of employment.

Ms Moffett has developed a training matrix to include all staff who work in the clinic. A review of training records evidenced that authorised operators had up to date training in core of knowledge and application training for the equipment in use. Three of the four authorised operators and the three private doctors had up to date training in infection prevention and control, fire safety awareness and safeguarding adults and children at risk of harm in keeping with the RQIA training guidance. Following the inspection evidence was provided to RQIA confirming that the fourth authorised operator had undertaken all of the above training.

It was confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had received laser safety awareness training.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Discussion with staff and review of documentation confirmed that authorised operators take part in appraisals on an annual basis. Ms Moffett confirmed that in respect of the three private doctors, two of the three had an appraisal undertaken in the last year and the other was due for completion in March 2024. This area is discussed further in section 5.2.11.

It was established that appropriate staffing levels were in place to meet the needs of patients.

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

A Recruitment and selection policy and procedure was in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators and private doctors. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

Staff registers were available to review which were up to date in keeping with legislation.

A review of two personnel files of authorised operators recruited since the previous inspection and discussion with Ms Moffett confirmed that staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was evidence of job descriptions and induction checklists for authorised operators and private doctors.

Discussion with Ms Moffett confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators and private doctors complies with the legislation and best practice guidance.

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

Ms Moffett stated that IPL treatments are not provided to persons under the age of 18 years however, laser services are to be provided to persons over the age of 14 years. This matter is further discussed in section 5.2.8 of this report.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with staff confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that the safeguarding lead and staff, have completed formal training in safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were available for reference. The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

There was a resuscitation policy in place and a review of this evidenced that it was comprehensive and reflected best practice guidance.

All authorised operators and private doctors had up to date training in basic life support.

Emergency medication and equipment was in place. It was noted that arrangements were in place to ensure the emergency medicines and equipment were stored safely and securely and mostly in accordance with the manufacturer's instructions. A system was also in place to ensure that emergency medicines and the automated external defibrillator are checked daily and do not exceed their expiry dates. It was noted that adrenaline ampoules were not in their original packaging as is best practice. The adrenaline ampoules had been removed from their original packaging and had been distributed to two separate locations in the clinic, an emergency trolley and an emergency box. Ms Moffett was advised to ensure that adrenaline ampoules are stored in their original packaging. Following the inspection it was confirmed additional adrenaline medication had been purchased and has been stored in their original packaging in both the emergency trolley and the emergency box.

All emergency medicines and equipment were ready for immediate use in the event of a medical emergency.

Staff had a good understanding of the actions to be taken in the event of a medical emergency.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment providing registered services to evidence that the risk of infection transmission to patients, visitors and staff was minimised. Ms Moffett advised that an IPC audit is undertaken on a regular basis in keeping with best practice. A copy of the most recent IPC audit undertaken was reviewed. It was confirmed that an IPC champion had been appointed within the clinic.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The consultation rooms, waiting areas, laser and IPL treatment rooms reviewed were observed to be clean and clutter free. Discussion with staff evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators and private doctors had up to date training in IPC.

The service had appropriate arrangements in place in relation to IPC and decontamination. The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Ms Moffett and staff who outlined the measures taken by The Belfast Skin Clinic to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The service has three treatment rooms which are used for laser and IPL treatments and a range of other consulting rooms. The areas of the premises reviewed were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that carbon dioxide (CO₂) fire extinguishers are available which have been serviced within the last year.

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

5.2.8 How does the service ensure that laser and IPL procedures are safe?

Three laser safety files were in place which contained the relevant information in relation to laser and 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 2024.

Up to date, local rules were in place which have been developed by the LPA. Three sets of local rules were in place; two for the laser machines and one for the IPL machine. The local rules contained the relevant information about the laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 9 January 2024 and all recommendations made by the LPA have been addressed.

Ms Moffett and the LPS confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during September 2024. It was established that systems are in place to review the medical treatment protocols when due.

As previously discussed, Mrs Moffett stated that laser services are offered to persons aged 14 years, it was confirmed that the young person must be assessed by a medical practitioner and referred for this specific laser treatment. Mrs Moffett is aware that a referral letter from the young person's medical practitioner and consent form counter signed by an appropriate adult, must be retained for each young person treated and be available for inspection.

The LPS who is an authorised operator has overall responsibility for safety during laser and IPL treatments and that a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

When the laser and 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 laser and IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment rooms are locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency. The authorised operators were aware that the laser safety warning signs should only be displayed when the laser and IPL equipment is in use and removed when not in use.

The laser and IPL machines are 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 patient and operator as outlined in the local rules.

The Belfast Skin Clinic has three laser and IPL registers. Authorised operators told us that they complete the relevant section of the register every time the equipment is operated. The registers reviewed included:

- 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 and IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL and laser equipment were reviewed. An installation report was also reviewed for a new laser.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

5.2.9 How does the service ensure that patients have a planned programme of care and have sufficient information to consent to treatment?

For all laser, IPL and private doctor treatments, patients are provided with an initial consultation to discuss their treatment and any concerns they may have.

Written information is provided to the patient pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The service has a list of fees available for each 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.

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

Three patient care records in relation to laser and IPL treatments was reviewed. There was an accurate and up to date record which included:

- patient 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 patient records are retained either in paper form or electronically and are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection. It was noted that the Information Commissioner's Office(ICO) certificate outlined Dr McHenry as the data controller however it referred to a different independent hospital. It was advised that the ICO certificate must accurately reflect The Belfast Skin Clinic Ltd. Following the inspection Ms Moffett confirmed that the ICO had been contacted and a replacement certificate would be issued outlining The Belfast Skin Clinic Ltd.

The service ensures that patients have a planned programme of care and have sufficient information to consent to treatment.

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

Discussion with staff regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in a private room with the patient. Information is provided to the patient in verbal and written form at the initial consultation and subsequent treatment sessions to allow the patient to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain patient confidentiality and as discussed observations made evidenced that patient care records were stored securely.

Ms Moffett told us that patients can complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to patients and other interested parties. Ms Moffett confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent patient satisfaction report dated July 2023 to December 2023 found that patients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that patients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.11 How does the registered provider assure themselves of the quality of the services provided?

Organisational governance systems were in place and it was found that there was a clear organisational structure within the clinic. It was noted that new managerial staff had been appointed including an operations manager and an assistant nurse manager. These positions were reflected in the organisational structure. Ms Moffett confirmed that she is in day to day charge of the clinic supported by Dr McHenry.

Where the business entity operating an establishment registered with us is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the responsible individual must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Moffett informed us that Dr McHenry, Responsible Individual, works in the clinic two to three days each week and is fully involved with the day to day management of the establishment, therefore in this case Regulation 26 unannounced quality monitoring visits are not required.

Ms Moffett discussed the arrangements in place regarding daily, weekly, quarterly and six monthly meetings that include all departments within the clinic and a selection of the meeting minutes were available to review. Ms Moffett confirmed that information is cascaded to staff at these meetings and also by email on a regular basis.

Staff working within the clinic confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Dr McHenry is also the medical director of the clinic. Ms Moffett confirmed that she meets with Dr McHenry on a weekly basis. A review of the clinical governance policy identified that there is a medical advisory board (MAB) within the clinic that meets on a quarterly basis and has a clear terms of reference. It was established that this meeting consists of Dr McHenry, Ms Moffett and the medical staff.

Ms Moffett confirmed that there were three wholly private doctors working in the clinic and one of these is Dr McHenry the medical director and responsible individual. A review of the details of the private doctors confirmed that 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
- an appointed responsible officer
- arrangements for revalidation

Ms Moffett confirmed that a number of Health and Social Care (HSC) consultants also provide services within The Belfast Skin Clinic and that they retain the same information for these consultants as they do for any private doctor.

A review of the three private doctor's files demonstrated that there was evidence of appraisals being carried out by a trained medical appraiser. As previously discussed, it was confirmed that in respect of the private doctors, records reviewed evidenced that two of the three private doctors had an appraisal undertaken in the last year and the other was due for completion in March 2024.

Ms Moffett and Dr McHenry were advised to ensure that all medical practitioners, including the private doctors, working within the clinic have a designated RO as per the requirements of registration with the GMC, and all medical practitioners revalidate every five years. If concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

As previously discussed three of the private doctor's training records reviewed evidenced that they had completed refresher training in keeping with RQIA training guidance.

The only mechanism for a clinician to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the clinic. A policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. It was established that one of the private doctors is Dr McHenry therefore a practising privileges agreement is not required.

A review of the remaining two private doctor's' practising privileges agreements found them to be in line with relevant standards and legislation. There were clear review dates included on the agreements and they had been signed by both parties. An area of improvement identified at the previous inspection as outlined in section 5.1 of this report has been deemed met.

A copy of the complaints procedure was available in the establishment and Ms Moffett evidenced a good awareness of complaints management. A copy of the complaints procedure is made available for patients/and or their representatives on request. Ms Moffett confirmed that all complaints received are investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints is used to improve the quality of services provided.

Ms 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. Ms Moffett advised that learning from incidents would be discussed during the daily and monthly meetings and by email to ensure the dissemination of learning to all staff. It was confirmed that a process was in place for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity.

Ms Moffett demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Ms Moffett confirmed that the statement of purpose and patient's guide were kept under review, revised and updated when necessary and were available to patients on request.

The RQIA certificate of registration was displayed in a prominent place.

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

It was determined that robust medical governance arrangements are in place within the organisation.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Moffett.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Moffett, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care