

Inspection Report

31 January 2023



The Belfast Skin Clinic

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL) and
Private Doctor (PD)

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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 the [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 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>The clinic is registered as an independent hospital (IH) – with a private doctor, cosmetic laser and intense pulse light categories of care.</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>IPL equipment: Manufacturer: Lumenis</p>	

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

Laser protection advisor (LPA):

Ms Anna Bass(Lasermet)

Laser protection supervisor (LPS):

Ms Liese Merry

Medical support services:

Dr Paul Myers(Lasermet)

Authorised operators:

Ms Liese Merry – Lumenis Splendor X and Lumenis M22 IPLS

Ms Sharon Khan – Lumenis SplendorX

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)

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 31 January 2023 from 10.00 am to 4.15 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; safeguarding; infection prevention and control; the adherence to best practice guidance in relation to COVID-19; the environment; the management of clinical records; and effective communication between patients and staff. Additional areas of good practice identified included maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

One area for improvement has been identified against the standards to review the process for granting practising privileges.

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

One patient submitted a questionnaire response indicating that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care and included very positive comments in relation to staff treating patients with the utmost courtesy, the excellent facilities and that they would be very happy to recommend the clinic.

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

Patient feedback was also 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?

The last inspection to The Belfast Skin Clinic was undertaken on 24 February 2022; no areas for improvement were identified.

5.2 Inspection outcome

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

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 two 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 LPS confirmed that IPL and laser treatments are only carried out by two authorised operators. A register of authorised operators for the IPL and lasers 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 both authorised operators had up to date training in core of knowledge and application training for the equipment in use. Both 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. It was noted however that basic life support refresher training had been undertaken by only one of the authorised operators and two of the private doctors. This was discussed with Ms Moffett and an explanation was provided regarding this. Assurances were provided that the identified staff would undertake basic life support training during February 2023.

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 the annual appraisals retained on file in respect of the three private doctors were the most recent appraisals however, one of these was completed during December 2019 and Ms Moffett and Dr McHenry were advised to encourage all medical practitioners to schedule their appraisal on an annual basis. This 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?

Recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators and private doctors were in place.

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

Ms Moffett confirmed that no new authorised operators or private doctors had been recruited since the previous inspection. Ms Moffett confirmed that should authorised operators or private doctors be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended will be sought and retained for inspection.

The service had appropriate arrangements in place to manage the recruitment and selection of staff.

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.

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.

As previously discussed one authorised operator and two of the private doctors had up to date training in basic life support. Following the inspection RQIA received confirmation that the identified staff would undertake basic life support training during February 2023.

Emergency medication and equipment was in place. It was noted that arrangements were in place to ensure the emergency medicines were stored safely and securely and 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. Ms Moffett and staff were advised to also include the emergency equipment in this check list to evidence that they are also checked.

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 by an external provider was reviewed.

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.

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

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic 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. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments.

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

5.2.7 How does the service ensure the environment is safe?

The service has two 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?

Two separate laser and IPL safety files were in place which contained the relevant information.

It was identified that the Lumenis Splendor laser machine had been replaced with a similar make and model of laser machine since the previous inspection. There was no evidence to confirm that a new risk assessment had been undertaken regarding the new laser machine and Ms Moffett was advised to consult with their LPA regarding the new laser machine to ensure that a new risk assessment is undertaken. Following the inspection RQIA received confirmation by email that the clinic had made contact with their LPA and a risk assessment had been carried out as advised.

Two sets of local rules were in place which were dated 16 February 2022. Following the inspection RQIA received confirmation by email that the local rules had been updated to reflect the new laser machine.

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 22 September 2023.

The LPS who is an authorised operator has overall responsibility for safety during laser and IPL treatments and a list of authorised operators was maintained. Authorised operators had

signed to state that they had read and understood the current local rules and medical treatment protocols. However, it was identified that the medical treatment protocols which had been produced by a named registered medical practitioner had expired on 23 September 2022. This was discussed and following the inspection RQIA received confirmation by email that the medical treatment protocols had been reviewed by a named medical practitioner and were up to date.

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 doors to the treatment rooms are locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser and IPL machines are operated using a keycode. Arrangements are in place for the safe custody of the keycode when not in use. Protective eyewear was available for the patient and operator as outlined in the local rules. Advice was given to ensure that these are labelled appropriately 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. The LPS is aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

The Belfast Skin Clinic has two separate laser and IPL registers. The LPS told us that the authorised operators complete the relevant sections of the registers every time the equipment is operated, the registers 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 were reviewed. An installation report was also reviewed for the new laser.

Addressing the issues identified regarding the risk assessment and medical treatment protocols will ensure that appropriate arrangements are in place to safely 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.

One patient care record in relation to laser 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. The policy was dated 2018 and Ms Moffett confirmed that this is currently being reviewed. Advice was given to ensure that the retention of records section is amended in accordance with legislation. Following the inspection RQIA received confirmation by email that this was being addressed.

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 and 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 2022 to December 2022 found that patients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual 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. 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 four 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 twice yearly and this was discussed with Ms Moffett. It was established that this meeting consists of Dr McHenry, Ms Moffett and the medical staff. In accordance with standard 30 of the Minimum Care Standards for Independent Healthcare Clinics, Ms Moffett was advised to further develop the MAB within the clinic's governance structures and ensure that terms of reference are developed in line with Standard 30. Ms Moffett was advised that in keeping with best practice the MAB should meet on a quarterly basis. Ms Moffett agreed to action this.

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 however as previously discussed one of these was dated December 2019. This was discussed and Ms Moffett and Dr McHenry were advised to encourage all private doctors to schedule their appraisal on an annual basis. Following the inspection RQIA received confirmation that the identified private doctor had scheduled their appraisal to take place during March 2023.

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 with the exception of basic life support for one of the doctors. Ms Moffett confirmed that she was aware of this and that refresher training had been booked in respect of this doctor.

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 one to be incomplete and this had not been signed as reviewed on behalf of the clinic. This was discussed with Ms Moffett and Dr McHenry and assurances were given that the identified practising privileges agreement would be updated. An area for improvement has been made against the standards to 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.

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 and there was a process 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.

Addressing the area for improvement regarding practising privileges agreements and the further development of the MAB will ensure more 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

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Clinics \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Ms Moffett, Registered Manager. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Clinics (July 2014)	
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: 28 February 2023	<p>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.</p> <p>Ref: 5.2.11</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>I can confirm the Practising Privileges policy has been reviewed and updated as discussed and will be signed by both parties.</p>

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



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