

Announced Care Inspection Report 2 August 2019



The Belfast Skin Clinic

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

Address: 18 Deramore Drive, Belfast, BT9 5JQ

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Inspector: Stephen O'Connor

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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

The Belfast Skin Clinic provides a wide range of services and treatments, including outpatient clinics, diagnostic tests and investigations and some surgical day case procedures. The range of medical specialties includes dermatology, plastic's, rheumatology and vascular. The clinic also provides a range of aesthetic treatments. The clinic is registered as an independent hospital (IH) – with a private doctor and intense pulse light categories of care. 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.

IPL equipment:

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

The Lumenis M22 IPL system is a multi-platform machine that is capable of operating as a Class 4 Laser by changing the handpiece. A laser handpiece is not available in the establishment. Ms Karen Moffett, registered manager and the authorised operator who primarily uses the machine were informed that should they purchase a laser handpiece a variation to registration application must be submitted to RQIA. The variation application would be to add the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.

Laser protection advisor (LPA):

Ms Anna Bass (Lasernet)

Laser protection supervisor (LPS):

Ms Liese Merry

Medical support services:

Dr Paul Myers

Authorised operators:

Dr Pamela McHenry
Dr Suzanne Clements
Ms Liese Merry

Ms Merry is the authorised operator who primarily uses the machine.

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 | Registered Manager: Ms Karen Moffett |
| Responsible Individual: Dr Pamela McHenry | |
| Person in charge at the time of inspection: Ms Karen Moffett | Date manager registered: 16 November 2017 |
| 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 2 August 2019 from 09:50 to 14:00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staffing; recruitment and selection; safeguarding; IPL treatments; management of medical emergencies; infection prevention and control and decontamination and the general environment. Other examples included: the management of the patients' care pathway; communication; records management; practising privileges arrangements; engagement to enhance the patients' experience and the overall governance arrangements.

No areas for improvement were identified during the inspection.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

| | 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 Karen Moffett, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 July 2017

No further actions were required to be taken following the most recent inspection on 30 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted.

During the inspection the inspector met with Ms Karen Moffett, registered manager, Ms Liese Merry, registered nurse and main authorised operator and two registered nurses, one of which works in a bank capacity in The Belfast Skin Clinic.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements

- medical practitioner personnel files
- clinical records
- management and governance arrangements
- insurance documentation

The findings of the inspection were provided to Ms Moffett, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 July 2018

The most recent inspection of The Belfast Skin Clinic was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 July 2018

There were no areas for improvement made as a result of the last care inspection.

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

Ms Moffett and staff confirmed that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

Ms Moffett confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL machine is maintained and kept up to date.

Ms Moffett confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance.

A review of training records and other documentation evidenced that authorised operators have up to date training in core of knowledge; application training for the equipment in use; basic life support; infection prevention and control; fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

Induction programme templates were in place relevant to specific roles within the establishment.

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

Discussion with Ms Moffett and review of documentation evidenced that there are two private doctors providing services within The Belfast Skin Clinic. A review of the private doctor's details 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
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Ms Moffett confirmed that a number of NHS consultants also provide services within The Belfast Skin Clinic and that they retain the same information for these consultants as they do for private doctors.

Ms Moffett confirmed that all doctors are aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Ms Moffett and review of records evidenced that one private doctor has been recruited since the previous inspection. Review of the personnel file for the identified private doctor demonstrated that documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. Ms Moffett confirmed that the recruitment procedures applied to private doctors and authorised operators apply to the recruitment of all staff.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

An overarching policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. The policy refers the reader to the regional best practice policy and guidance documents for the types and indicators of abuse. The policy outlines the distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

It was confirmed that IPL treatments are only undertaken on persons over the age of 18. It was also confirmed that medical practitioners do not undertake any procedures on persons under the age of 18 these patients would only be seen at outpatients.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL machine.

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 2019.

IPL treatments are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 23 September 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 23 May 2019 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the 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 key. Arrangements are in place for the safe custody of the IPL key 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 IPL equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

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

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 16 April 2019 was reviewed as part of the inspection process.

Management of medical emergencies

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

Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

All medical practitioners have received training in basic life support and basic medical emergency equipment is available.

An emergency trolley in the treatment room was reviewed and was found to contain various medicines and medical emergency equipment. It was confirmed that following a review of best practice literature a decision was taken in regards to what emergency medicines and equipment would be retained in the clinic. It was confirmed that the provision of medicines and equipment would be routinely reviewed and that additional emergency medicines and equipment would be provided if required.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Infection prevention control and decontamination procedures

The establishment has a range of infection prevention and control (IPC) policies and procedures.

A range of information for patients and staff regarding hand washing techniques was available. Hand sanitiser was observed to be available in the reception area for visitors to use upon arrival.

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. Staff confirmed single use equipment is used where possible. The Belfast Skin Clinic has a contract in place with the South Eastern Trust Central Sterile Service Department (CSSD) to decontaminate and sterilise reusable instruments.

Staff are provided with IPC training commensurate with their role on an annual basis.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

It was confirmed that an external IPC consultant has been appointed to offer advice, guidance and support in all matters relating to IPC. This consultant undertakes an annual audit of IPC procedures within the establishment. The most recent report produced by the external consultant dated June 2019 was reviewed.

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 fire extinguishers including a carbon dioxide (CO₂) fire extinguisher are available, and these have 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; heating system; medical gases; front door (automatic opening system), 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing; recruitment and selection; safeguarding; management of medical emergencies; infection prevention and control and decontamination and the general environment.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

6.5 Is care effective?

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

Clinical records

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.

Staff spoken with 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. The establishment uses a bespoke electronic record system. All electronic records are accessed using individual usernames and passwords and arrangements are in place to back up the electronic records management system on a daily basis.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Ms Moffett and review of the management of records policy confirmed that patients have the right to apply to access their clinical records in accordance with the General Data Protection Regulations (GDPR) that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation. Ms Moffett confirmed that the establishments consent forms have been updated in keeping with the new GDPR 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 and services provided by medical practitioners.

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.

Three 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)

Three patient records pertaining to services provided by private doctors were reviewed. Review of these records evidenced that they had been completed in keeping with best practice guidance.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- theatre numbers
- specimen
- IPC internal
- IPC consultant undertaken June 2019
- patient feedback

Communication

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

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

Ms Moffett confirmed that staff meetings are held on a quarterly 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to clinical records, audits and communication.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

6.6 Is care compassionate?

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

Dignity, respect and involvement with decision making

In respect of IPL treatments the authorised operator 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.

Patient/client changing cubicles were available on the top floor; single use patient gowns are available for use when required. Consultation rooms have bed curtains to maintain privacy and dignity of patients/clients.

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

Ms Moffett confirmed that patient/client care records are stored securely and are accessible online via secure online patient records systems.

The Belfast Skin Clinic obtains the views of patients/clients on a formal and informal basis as an integral part of the service they deliver.

Patients/clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients/clients. A review of the most recent patient/client feedback report dated May 2019 generated using 63 completed satisfaction surveys found that patients/clients were satisfied with the quality of treatment, information and care received. A sample of comments included in submitted patient/client satisfaction surveys are detailed below:

- "All staff were very courteous and professional."
- "Excellent service from all staff."
- "Everyone was so friendly and I was so well looked after."

- “Very happy and satisfied.”

In addition to the patient/client satisfaction surveys The Belfast Skin Clinic monitors online and social media reviews in relation to the services they offer. Ms Moffett confirmed that all patient/client feedback is used to inform and improve the services delivered.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to informed decision making and patient consultation.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

6.7 Is the service well led?

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

Management and governance arrangements

Where the entity operating a registered establishment is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Dr Pamela McHenry, responsible individual, is onsite three or four days a week when not onsite Dr McHenry can be contacted. It was confirmed that Dr McHenry accesses the clinics electronic records system daily in order to monitor activity. It was suggested to Ms Moffett that Dr McHenry should document her unannounced quality monitoring visits at least once every six months in keeping with regulation 26. Following the inspection a template that could be used in this regard was forwarded to Ms Moffett.

There was a clear organisational structure within the establishment and staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. There was a nominated individual with overall responsibility for the day to day management of the establishment.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients/clients and/or their representatives were made aware of how to make a complaint by way of the patient's/clients guide and information on display in the establishment.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients/clients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision. It was suggested that the outcomes of complaints should be signed off by Dr McHenry as the responsible individual, or were a complaint pertains to a clinical matter; the outcome should be signed off by a medical practitioner with the relevant clinical background.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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 also 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.

Discussion with Ms Moffett and review of documentation evidenced the process for granting practising privileges and Ms Moffett confirmed that medical practitioners would meet with the registered person prior to privileges being granted. Ms Moffett confirmed that practising privileges agreements are in place for all consultants who provide services in The Belfast Skin Clinic.

There are systems in place to review practising privileges agreements 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.

Ms 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. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Ms Moffett, registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Moffett confirmed that the statement of purpose and patient's/clients guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints; incidents and alerts; the arrangements for managing practising privileges; quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

6.8 Equality data

Equality data

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

6.9 Patient and staff views.

Nine patients submitted questionnaire responses to RQIA. All nine indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All nine patients indicated that they were either satisfied or very satisfied with each of these areas of their care. The following comments were included in submitted questionnaire responses:

- “All aspects of my visits were very well received and very professionally completed in finest detail. Small part of my treatment is still ongoing but I have already recommended the practice to many friends and relatives.”
- “My care and treatment was of the highest standard from the front office through to the medical assessment and delivery of treatment. Dr McHenry picked up a significant medical condition which needed surgery during a consultation for a much minor issue. She and her team are very thorough and caring.”
- “Excellent clinic.”
- “The quality of treatment from Dr Pamela McHenry is exceptional and the quality of service equally impressive.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

Total number of areas for improvement

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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