

Announced Care Inspection Report 5 February 2021



The Belfast Skin Clinic

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



In respect of cosmetic laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic;
- intense pulse light (IPL) safety;
- infection prevention and control (IPC);
- organisational governance arrangements;
- staff and client feedback; and
- review of areas for improvement identified during the previous care inspection (if applicable).

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 surgery, 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.

We were informed that The Belfast Skin Clinic is only providing medically prescribed IPL treatments in keeping with the current restrictions applicable to close contact services as directed by the Northern Ireland (NI) Executive in response to the COVID-19 pandemic.

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; and pigmentation treatment.

We confirmed the only medically prescribed treatment offered at the time of this inspection was the treatment of red veins.

3.0 Service details

Organisation/Registered Provider: The Belfast Skin Clinic Ltd Responsible Individual: Dr Pamela McHenry	Registered Manager: Ms Karen Moffett
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

We undertook an announced inspection on 5 February 2021 from 10:00 to 12.30 hours.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing clients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; IPL safety; IPC procedures; and the organisational and governance arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. We discussed the findings of the inspection with Ms Karen Moffett, Registered Manager, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 2 August 2019

The most recent inspection of the establishment was an announced care inspection.

4.3 Review of areas for improvement from the last care inspection dated 2 August 2019

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

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the service. 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; and
- the previous care inspection report.

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.6 of this report.

We undertook a tour of the premises, met with Ms Karen Moffett, Registered Manager and an authorised operator; and reviewed relevant records and documents in relation to the day to day operation of the establishment.

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

- information provided to patients;
- patient care records;
- policies and procedures;
- practising privileges agreements;
- medical practitioner personnel files;
- clinical records; and
- management and governance arrangements,

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

6.0 The inspection findings

6.1 Management of operations in response to the COVID-19 pandemic

COVID-19 has been declared as a public health emergency resulting in the need for healthcare settings to assess and consider the risks to their clients and staff. We sought assurance of effective governance arrangements in the planning and delivery of IPC measures by reviewing the key areas of collaborative working, COVID-19 risk assessments, the monitoring of staff practices, work patterns and staff training.

We discussed the management of operations in response to the COVID-19 pandemic with Ms Moffett who outlined the measures taken by The Belfast Skin Clinic to ensure current best practice measures were in place. We observed that staff practice in relation to the management of COVID-19 was in line with best practice guidance and we determined that, appropriate actions had been taken in this regard.

We reviewed a selection of documentation including minutes of meetings; COVID-19 risk assessments; audits of the environment and staff practices and training records. The records confirmed good governance measures were in place for the preparation and maintenance of a COVID-19 safe environment.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 IPL Safety

We reviewed the arrangements in respect of the safe use of the IPL equipment.

We confirmed an IPL safety file was provided. We reviewed this file and found that all of the relevant information in relation to the IPL equipment was retained and available for staff. We evidenced that a LPA had been appointed and that the LPA contract expires during May 2021.

We confirmed that three authorised operators usually work in the clinic, however due to the reduced number of treatments provided only one authorised operator, who is also the LPS, was providing IPL treatments during the current period of restrictions as directed by the NI Executive.

In accordance with best practice guidance authorised operators must sign and date the authorised operator register. The purpose of signing the register is to confirm that they have read and understood the Local Rules and medical treatment protocols. We reviewed the authorised operator register and evidenced that it had been signed by all three authorised operators.

We reviewed the medical treatment protocols produced by Dr Paul Myers during September 2020 and confirmed that arrangements were in place to review the medical treatment protocols every year.

We noted the medical treatment protocols set out the arrangements in relation to the following:

- contraindications;
- technique;
- pre-treatment tests;
- pre-treatment care;
- post-treatment care;
- recognition of treatment-related problems;
- procedure if anything goes wrong with treatment;
- permitted variation on machine variables; and
- procedure in the event of equipment failure.

We reviewed the LPA risk assessment of the premises undertaken on 25 May 2019 and noted the issues identified have been addressed by the LPS.

We found up to date Local Rules in place which have been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used. We confirmed arrangements were in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed they included the following:

- the potential hazards associated with lasers and intense light sources;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

We confirmed that Ms Liese Merry is the LPS and has overall on-site responsibility for safety during laser treatments. The name of the LPS was recorded within the Local Rules. Ms Moffett confirmed that arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

We reviewed training records and found that authorised operators had up to date training in core of knowledge, safe application for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

We were informed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

We confirmed that an IPL register is maintained every time the laser is operated and includes:

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

Staff told us that an initial consultation is undertaken and clients are asked to complete a health questionnaire. Staff confirmed that systems are in place to contact the client's general practitioner, with their consent, for further information if necessary.

We confirmed that electronic client records are retained. We reviewed a selection of client care records and found 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); and
- record of treatment delivered including number of shots and fluence settings (where appropriate).

We reviewed the IPL treatment room currently in use. IPL treatment rooms should be controlled to protect other persons while treatment is in progress. We noted the door to the treatment room can be locked when the IPL machine is in use but can be opened from the outside in the event of an emergency. We confirmed that the treatment room is a controlled area that is clearly defined and not used for other purposes, or as access to areas when treatment is being carried out.

Ms Moffett and the LPS were aware that when laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

We confirmed that protective eyewear is available for the client and operator as outlined in the local rules.

We observed laser safety warning signs and confirmed these will be displayed when the IPL is in use and removed when not in use, as described within the Local Rules.

We observed that the IPL equipment is operated using a key. We reviewed the arrangements in relation to the safe custody of the key and confirmed the arrangements to be satisfactory.

Arrangements have been established for the IPL equipment to be serviced and maintained in line with the manufacturers' guidance. We reviewed the most recent service reports which were dated 11 December 2020.

We observed that a carbon dioxide (CO₂) fire extinguisher suitable for electrical fires was available in the clinic. We confirmed that arrangements are in place to ensure this fire extinguisher is serviced in keeping with manufacturer's instruction.

Areas of good practice: IPL safety

We reviewed the current arrangements with respect to IPL safety and evidenced good practice that was being actively reviewed.

Areas for improvement: IPL safety

We identified no areas for improvement regarding the management of IPL safety within the establishment.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures throughout the clinic to evidence that the risk of infection transmission to clients, visitors and staff was minimised. We confirmed that the clinic had an overarching IPC policy and procedures in place.

We undertook a tour of the premises, which were maintained to a good standard of maintenance and décor.

As discussed we confirmed that staff had completed IPC training.

We found that cleaning schedules were in place. Ms Moffett and staff described the arrangements to decontaminate the environment and equipment between clients and we found these to be satisfactory.

We noted that one laser treatment room was currently in use. We noted that a dedicated hand washing basin and hand sanitiser was available in the treatment room.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.4 Organisational and medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Ms Moffett is in day to day charge of the clinic.

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 Pamela McHenry, Responsible Individual, works in the clinic four days each week and is fully involved with the day to day management of the establishment, we were satisfied that in this case Regulation 26 unannounced quality monitoring visits are not required.

Discussion with Ms Moffett and review of documentation evidenced Dr McHenry is the only private doctor providing services within The Belfast Skin Clinic. A review of Dr McHenry'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; and
- 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 any private doctor.

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

All medical practitioners working within the clinic must have a designated Responsible Officer (RO) as per the requirements of registration with the GMC, all medical practitioners must revalidate every five years. The revalidation process requires medical practitioners to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where 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.

We reviewed records and confirmed that Dr McHenry had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

We reviewed records and confirmed there is a written agreement between the clinic and the medical practitioners that are reviewed at least every two years in keeping with best practice guidance.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff completed medical emergency refresher training annually.

Ms Moffett demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Ms Moffett told us 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.

Areas of good practice: Organisational and medical governance

We found examples of good practice regarding organisational and medical governance.

Areas for improvement: Organisational and medical governance

We identified no areas for improvement in relation to organisational and medical governance.

	Regulations	Standards
Areas for improvement	0	0

6.5 Equality data

We discussed the arrangements in place regarding the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients. Ms Moffett demonstrated that equality data collected was managed in line with best practice.

6.6 Client and staff views

As discussed in section 5.0 of this report we invited patients to complete an online questionnaire. Four completed patient questionnaires were submitted to RQIA. We found all four patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Three patients also included commentary which confirmed they were each very satisfied with care, treatment and services provided by The Belfast Skin Clinic and paid tribute to the kindness and professionalism of all members of staff.

We also invited staff to complete an electronic questionnaire. We received two questionnaire responses, we found one questionnaire was incomplete and did not provide any information. The other questionnaire indicated that the staff member was satisfied that care was safe, effective, that patients were treated with compassion and indicated they felt dissatisfied in response to the service being well led. The results of the questionnaires were shared with Ms Moffett. Ms Moffett was surprised with the staff questionnaire response in respect of the

service being well led. Ms Moffett described the various lines of communications that staff can avail and stated no one had expressed dissatisfaction at any time.

During this inspection we evidenced that arrangements were in place to keep staff well informed and to support staff, we also reviewed the patient and client feedback reports which evidenced that service users were highly satisfied with the care and treatments provided.

6.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

We identified no areas for improvement during this inspection, and a QIP is not required or included, as part of this inspection report.



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