

Inspection Report

24 February 2022



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: Mrs Karen Moffett</p> <p>Date registered: 16 November 2017</p>
<p>Person in charge at the time of inspection: Mrs Karen Moffett</p>	
<p>Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources and PD- private doctor</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 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.</p> <p>A variation to registration application was received by RQIA in December 2021 to add the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers, PT (L).</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 and the variation to registration application as previously stated.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Lumenis Model: SplendorX Serial Number: SN19G10457 Laser Class: 4 Wavelength: 755 nm 1064 nm</p>	

IPL equipment:

Manufacturer: Lumenis
 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, 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 18 years 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 24 February 2022 from 10:00 am to 4.45 pm. RQIA's appointed LPA supported the inspection remotely via telephone video link and the LPA's findings report is appended to this report.

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. As stated previously a variation to registration application was received by RQIA to add a PT(L) category of care and the state of readiness of the establishment to provide a class 4 laser service was assessed as part of this inspection. Following a full review of the proposed class 4 laser service, the variation to registration application to add PT(L) as a category of care was approved on 25 February 2022.

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

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

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

Five clients submitted questionnaire responses who indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients indicated that they were either satisfied or very satisfied with each of these areas of their care. All client responses included positive comments. They commented on how knowledgeable and accommodating staff were and that staff were very welcoming, that they were made to feel comfortable and the treatment was well explained.

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

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 5 February 2021; 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 clients. There are two authorised operators and three private doctors who work in the clinic. 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 authorised operators. A register of authorised operators for the IPL and laser was maintained and kept up to date. It was noted that the laser service had been carried out by appropriately trained authorised operators since September 2021, in advance of the approval of the variation application to add PT(L) category of care. During discussion on the use of the class 4 laser, Ms Moffett and Dr McHenry gave assurances that the laser service would cease until the variation application to add the appropriate category of care for use of the class 4 laser had been approved. Ms Moffett and Dr Mc Henry confirmed this in an email submitted to RQIA immediately following the inspection. As stated previously the variation application was approved on 25 February 2022 and the laser service was approved for use in the clinic.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that both authorised operators have up to date training in core of knowledge training, application training 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.

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 appraisal on an annual basis.

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

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

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. However the policy did not reflect that a criminal conviction declaration is included as part of the recruitment process. Following the inspection an amended recruitment policy was submitted to RQIA and evidence provided that it had been implemented. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

A review of one personnel file of an authorised operator recruited since the previous inspection and discussion with Ms Moffett confirmed that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been 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. Ms Moffett and Dr McHenry confirmed that due consideration had been given to ensuring safeguarding children is included in the clinic's safeguarding arrangements.

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, has completed formal training in safeguarding adults and children 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 both 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?

All authorised operators and private doctors had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

Emergency medication and equipment was in place, as outlined in the clinic's policy. 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 robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

Staff demonstrated 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 and decontamination procedures?

The IPC arrangements were reviewed throughout the areas of the establishment providing registered services to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

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 in all areas.

The laser and IPL treatment rooms were clean and clutter free. Discussion with an authorised operator 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 had up to date training in infection prevention and control.

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 clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Moffett and an authorised operator 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 client 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 laser and IPL treatment rooms and as stated previous a range of consulting rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

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 in relation to laser and IPL equipment. 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 2022.

Two sets of local rules were in place; one for the laser machine 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 during February 2022 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (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 local rules and medical treatment protocols. There are separate treatment protocols for 14 year olds -18 year olds and it was confirmed they must first be seen by a consultant dermatologist and referred for specific laser treatments.

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 door to the treatment rooms is 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 key. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear was 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. Authorised operators were 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. It was advised to label each register accordingly. Authorised operators told us that they complete the relevant section 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 laser.

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

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

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client 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 laser and IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

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

Three client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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)

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The service has a policy for advertising and marketing which is in line with legislation.

5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?

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

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

Ms Moffett told us that she encourages clients to 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 clients 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 client satisfaction report dated July 2021 – December 2021 found that clients 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 and medical governance systems were in place and it was found that there was a clear organisational structure within the clinic. Ms Moffett confirmed she 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, therefore in this case Regulation 26 unannounced quality monitoring visits are not required.

As previously discussed three private doctors provide services within The Belfast Skin Clinic. A review of their 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 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 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.

The private doctors had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

Two of the three private doctors are employed by the clinic and full recruitment information had been sought and was in place. The other private doctor is Dr McHenry and therefore recruitment documentation is not required.

A copy of the complaints procedure was available in the establishment. Staff evidenced a good awareness of complaints management.

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 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 Client's Guide were kept under review, revised and updated when necessary and were available to clients 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.

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 clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients 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.



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