

Inspection Report

30 March 2022



Skin

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)
Address: 11A Drumard Lane, Draperstown, BT45 7LF
Telephone number: 07590 290 222

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Mrs Lee-Anne McCloskey t/a Skin</p>	<p>Registered Manager: Mrs Lee-Anne McCloskey</p> <p>Date registered: 17 November 2016</p>
<p>Person in charge at the time of inspection: Mrs Lee-Anne McCloskey</p>	
<p>Categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p>	
<p>Brief description of how the service operates: Skin is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH). The clinic provides a range of cosmetic and aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an IPL machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p>	
<p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: System Restore Model: Re: Touch BOS-063 Serial Number: 002021 Wavelength: Q Switched ND: YAG</p> <p>IPL equipment: Manufacturer: Lynton Model: Everlight Serial Number: EXC-581-22</p> <p>Laser and IPL equipment: Manufacturer: Formatk Model: Magma FS70000 Serial Number: 70274 Wavelength: Laser handpiece (808nm), IPL handpiece (530nm -1100nm)</p>	

Laser protection supervisor (LPS):

Mrs Lee-Anne McCloskey

Laser protection advisor (LPA):

Ms Anna Bass (Lasernet)

Medical support services:

Dr Paul Myers

Authorised operators:

Mrs Lee-Anne McCloskey

Ms Saddiya Akram

Types of laser treatments provided:

Tattoo Removal

Hair Removal

Types of IPL treatments provided:

Hair removal

Skin rejuvenation

Red vein treatment (vascular)

Acne Treatment

Pigmentation

Red flushing skin

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 30 March 2022 from 10.00 am to 12.15 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Skin was not inspected by RQIA during the 2020-21 inspection year.

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

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

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

Four clients' submitted responses and these responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. Two of the client responses included comments pertaining to the cleanliness of the clinic and the professionalism of the clinic staff.

Clients were not present on the day of the inspection and client feedback was also assessed by reviewing the most recent client satisfaction surveys completed by Skin. This is further discussed in section 5.2.10 in this report.

No staff questionnaires were completed 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 Skin was undertaken on 29 August 2019; no areas for improvement were identified.

5.2 Inspection outcome

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

Mrs McCloskey told us there is sufficient staff to fulfil the needs of the establishment and clients requiring treatment. It was also confirmed that laser/IPL treatments are only carried out by authorised operators and the register of authorised operators reflects this.

A requirement of being an authorised operator is up to date training in keeping with RQIA training guidance. A review of training records evidenced that all 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 awareness and safeguarding adults at risk of harm, in keeping with the RQIA training guidance. It was also evidenced that all other staff employed at the establishment, but not directly involved in the use of the laser/IPL equipment, had received laser safety awareness training.

Appropriate staffing levels were in place and staff were appropriately trained to carry out their duties 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 was in place. Discussion with Mrs McCloskey confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was confirmed that the authorised operator referred to in the previous inspection report had now commenced working in the clinic. A review of the personnel file of the newly recruited authorised operator confirmed that relevant recruitment records had been sought; reviewed and stored as required. There was evidence of a job description, an induction checklist and relevant training records.

The recruitment of authorised operators complies with the legislation and best practice guidance.

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

Mrs McCloskey confirmed that laser hair removal is offered to persons aged 16 and over. A medical treatment protocol for laser hair removal for clients aged between 16 and 18 was in place. Mrs McCloskey also has professional indemnity insurance in place for this age group of clients. During discussion Mrs McCloskey confirmed that consent is obtained from both the client being treated and an appropriate consenting adult.

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 Mrs McCloskey confirmed that she was 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 Mrs McCloskey, as the safeguarding lead, and the other authorised operator had completed formal training in safeguarding adults and children at risk of harm. This is in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards requirements.

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?

As discussed in section 5.2.1 Mrs McCloskey and the other authorised operator had up to date training in basic life support. Mrs McCloskey 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.

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 establishment 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/IPL treatment rooms were clean and clutter free. Discussion with Mrs McCloskey 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 previously discussed in section 5.2.1, Mrs McCloskey and the other authorised operator have 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 Mrs McCloskey who outlined the measures that are taken 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 treatment rooms and access to storage rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment and the treatment rooms were in place.

Mrs McCloskey as the LPS has overall responsibility for safety during laser and IPL treatments. 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 and IPL equipment is in use but both can be opened from the outside in the event of an emergency. 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.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mrs McCloskey was aware that the laser safety warning signs should only be displayed when the laser and IPL equipment is in use and removed when not in use. The laser and IPL equipment is operated using a key and a keypad code. Appropriate arrangements are in place for the safe custody of the key and keypad code when the equipment is not in use. Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is immediately available and 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?

A laser safety file was 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 30 March 2023. The establishment's LPA completed a risk assessment of the premises and all recommendations made by the LPA have been addressed.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser and IPL equipment being used and both authorised operators had signed to state that they had read and understood these. Protective eyewear is also available for the client and operator as outlined in the local rules.

Mrs McCloskey told us laser and IPL procedures are carried out by following identified medical treatment protocols that contain the relevant information about the treatment being provided. The medical treatment protocols had been produced by a named registered medical practitioner and systems are in place to review the medical treatment protocols when due.

Mrs McCloskey has three laser registers, one for each piece of laser equipment. These registers are required to be completed every time the equipment is operated and include:

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

Mrs McCloskey told us that both she and the other authorised operator complete the relevant section of the register every time the equipment is operated and the laser and IPL registers reflected this.

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 reports of the IPL and laser equipment were reviewed.

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

5.2.9 How does the service ensure that 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. The service has a policy for advertising and marketing which is in line with legislation.

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.

Four 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)

A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection. 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.

It was determined that appropriate arrangements were in place to ensure that clients had a planned programme of care and had sufficient information to consent to treatment.

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

Discussion with Mrs McCloskey regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments are provided in a private room with the client and authorised operator 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.

Mrs McCloskey 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. Review of the most recent client satisfaction report found that clients were highly satisfied with the quality of treatment given, information provided, care they received and no concerns were raised. Mrs McCloskey confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in the decision making process.

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

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mrs McCloskey is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Mrs McCloskey demonstrated a clear understanding of her role and responsibility in accordance with legislation. The RQIA certificate of registration was displayed in a prominent place. Observation of insurance documentation confirmed that current insurance policies were in place. Mrs McCloskey confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

A range of policies and procedures were available that were indexed and dated. Mrs McCloskey confirmed that these policies and procedures are systematically reviewed on a three yearly basis or more frequently if required. A copy of the complaints procedure was available in the establishment and Mrs McCloskey evidenced a good awareness of complaints management. It was also confirmed that the statement of purpose and client's guide are kept under review, available on request and updated when necessary.

It was determined that appropriate arrangements were in place to ensure the registered persons assure themselves of the quality of the services provided.

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 Mrs McCloskey.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

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 Mrs McCloskey, Registered Person, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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