

# Announced Care Inspection Report 22 May 2017



## Skin

**Type of Service: Cosmetic Independent Hospital (IH) – Cosmetic Laser Service**

**Address: 11A Drumard Lane, Draperstown BT45 7LF**

**Tel No: 07590 290222**

**Inspector: Stephen O'Connor**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Skin took place on 22 May 2017 from 09:50 to 11:50.

The inspection sought to assess progress with any issues raised during and 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.

### **Is care safe?**

Observations made, review of documentation and discussion with Mrs Lee-Anne McCloskey, registered person, demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs McCloskey demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mrs McCloskey demonstrated that arrangements are in place to promote clients' dignity, respect and involvement in decision making. A recommendation has been made that a client consultation report should be generated at least on an annual basis.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements; and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lee-Anne McCloskey, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mrs Lee-Anne McCloskey	<b>Registered manager:</b> Mrs Lee-Anne McCloskey
<b>Person in charge of the home at the time of inspection:</b> Mrs Lee-Anne McCloskey	<b>Date manager registered:</b> 17 November 2016
<b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

### Laser equipment

Manufacturer: System Restore  
 Model: Re: Touch BOS-063  
 Serial Number: 002021  
 Output wavelength: Q Switched ND:YAG (1064nm) with 2<sup>nd</sup> harmonic crystal 532nm

Manufacturer: System Restore  
 Model: Re: Move BOS-013  
 Serial Number: 003023  
 Output wavelength: Diode laser 808nm

### Laser protection advisor (LPA)

Dr Anna Bass (Lasernet)

## **Laser protection supervisor (LPS)**

Mrs Lee-Anne McCloskey

## **Medical support services**

Dr Paul Myers (Lasernet)

## **Authorised operators**

Mrs Lee-Anne McCloskey

## **Types of treatment provided**

- vascular treatment
- tattoo removal
- skin rejuvenation
- pigmentation
- laser hair removal

Mrs McCloskey confirmed that the System Restore Diode laser has been replaced since the previous inspection. The replacement laser is the same make and model as the previous diode laser.

### **3.0 Methods/processes**

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records:

- complaints declaration
- returned completed client questionnaires

No staff are employed in Skin.

During the inspection the inspector met with Mrs Lee-Anne McCloskey, registered person and authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 3 August 2016

The most recent inspection of the establishment was an announced pre-registration premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (2) (a)  <b>Stated:</b> First time	<p>Mrs McCloskey should ensure that a referral is made to the Northern Ireland Adverse Incident Centre (NIAIC) to report that neither of the System Restore lasers in the establishment are fitted with interlock connectors in keeping with EN 60825-1:2014 Safety of Laser products, Equipment Classification and Requirements. Advice and guidance could be sought from the appointed LPA in this regards.</p> <p><b>Action taken as confirmed during the inspection:</b> Mrs McCloskey confirmed that a referral was submitted to NIAIC. Review of documentation issued by the Department of Health (DOH) confirmed that a referral had been made and that the incident is now closed.</p>	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 2  <b>Stated:</b> First time	<p>Written information for clients on the specific laser procedures that explains the risks, complications, expected outcomes of the treatment and aftercare instructions should be developed.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Mrs McCloskey and review of documentation evidenced that written information for clients on the specific laser procedures that explains the risks, complications, expected outcomes of the treatment and aftercare instructions have been developed.</p>	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 48.10</p> <p><b>Stated:</b> First time</p>	<p>Client care records should be developed and include the following:</p> <ul style="list-style-type: none"> <li>• client details</li> <li>• medical history</li> <li>• signed consent form</li> <li>• skin assessment (where appropriate)</li> <li>• patch test (where appropriate)</li> <li>• record of treatment delivered including number of shots and fluence settings (where appropriate)</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of five client care records evidenced that they included all of the information outlined above and that they were completed to a high standard.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 48.18</p> <p><b>Stated:</b> First time</p>	<p>Arrangements should be established for the safe custody of the treatment room key. The arrangements should ensure that when treatment is being provided unauthorised access is prevented and that the treatment room can be accessed from the reception area in the event of an emergency. This arrangement should be shared with appropriate people.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mrs McCloskey evidenced that there are safe procedures in place for the safe custody of the treatment room key.</p>		

#### 4.3 Is care safe?

##### Staffing

Mrs McCloskey confirmed that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser machines reflects that Mrs McCloskey is the only authorised operator.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

A review of training records evidenced that Mrs McCloskey had up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety.

Mrs McCloskey is the only person who works in Skin and she confirmed that should any support staff be employed in the future that they would receive laser safety awareness training.

## Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Mrs McCloskey confirmed that should authorised operators be recruited in the future, robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

## Safeguarding

Mrs McCloskey 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 had completed training in safeguarding children and adults during May 2017. A discussion took place in regards to the level of training the safeguarding lead should have. Mrs McCloskey was advised to refer to the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016) in regards to the levels of training in respect of safeguarding adults. Mrs McCloskey readily agreed to compare her training to the training outlined in the training strategy. Following the inspection a copy of the NIASP training strategy was forwarded to Mrs McCloskey by email.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. These policies have been developed by the appointed laser protection advisor (LPA). Review of documentation issued by the LPA during May 2017 confirmed that the safeguarding adults and children's policy are in the process of being further developed to ensure they fully reflect regional policy and guidance documents.

A discussion took place in regards to the regional guidance and policy documents, and following the inspection the following documentation was forwarded to Mrs McCloskey by email:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)

## Laser safety

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

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 17 May 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers during March 2016. 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 laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 18 May 2017 and the recommendation made within the LPA report has been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser 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 laser 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 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 laser equipment is in use but can be opened from the outside in the event of an emergency.

Both the laser machines are operated using a key. Arrangements are in place for the safe custody of the laser keys 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. A laser safety warning sign is displayed when the laser equipment is in use and removed when not in use.

The establishment has separate laser registers which are completed every time the equipment is operated and includes:

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

The laser registers did not include the date of treatment. This was discussed with Mrs McCloskey who confirmed that the date is recorded on the treatment records. Mrs McCloskey readily agreed to include the date of treatment in the laser registers.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report for the System Restore Q Switched ND:YAG laser was dated 20 May 2017. Mrs McCloskey confirmed that the System Restore Diode laser is still under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with Mrs McCloskey evidenced that she was aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.



## Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs McCloskey evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

## Environment

The premises were maintained to a high standard of maintenance and décor. Mrs McCloskey confirmed that she is solely responsible for environmental cleaning and the decontamination of equipment between uses. Mrs McCloskey confirmed that should staff be employed in Skin, in the future, that cleaning schedules for the establishment will be developed.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

Arrangements are in place for maintaining the environment to include portable appliance testing (PAT) of electrical equipment, inspection of fixed electrical wiring installations and servicing of firefighting equipment.

It was confirmed that a fire risk assessment has been completed by an external organisation and that arrangements are in place to ensure this is reviewed annually. Mrs McCloskey has completed fire safety awareness training during May 2017.

Mrs McCloskey confirmed that a legionella risk assessment has not been completed for the establishment. Mrs McCloskey was advised that under Health and Safety legislation a legionella risk assessment is required and that she should give consideration to completing a risk assessment. Following the inspection advice and guidance in this regard was emailed to Mrs McCloskey.

## Client views

Four clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated that they were very satisfied with this aspect of the service. The following comment was included in a submitted questionnaire response:

- “Modern, safe environment, pleasant staff.”

As discussed Skin does not employ any staff, therefore no staff questionnaires were submitted to RQIA.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

### Care pathway

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 establishment has a list of fees available for each laser 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, with their consent, for further information if necessary.

Five client care records 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)

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

Mrs McCloskey confirmed that she completed the Information Commissioners Office (ICO) online self-assessment which confirmed that the establishment did not have to register with the ICO.

### Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

### Client views

All four clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All four clients indicated that they were very satisfied with this aspect of the service. The following comments were provided:

- "Lee-Anne always tries to fit me in when I need to change appointment at the last minute."
- "Everything is explained well, and time to discuss options/outcomes."

- “Excellent client care is always provided. Lee-Anne goes above and beyond for her clients as she wants the best results for them.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

#### Dignity respect and involvement with decision making

Discussion with Mrs McCloskey regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is 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.

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

Mrs McCloskey confirmed that a template client satisfaction survey has been developed. However, none have been distributed to clients to date. Mrs McCloskey is aware that feedback provided by clients on the quality of treatment, information and care received should be collated in an anonymised format, summarised and used by the establishment to make improvements to services. A recommendation has been made in this regard.

#### Client views

All four clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All four clients indicated that they were very satisfied with this aspect of the service. The following comment was included in a submitted questionnaire response:

- “Private setting, absolutely no concerns.”

### Areas for improvement

An anonymised summary report, detailing the main findings of client feedback should be generated at least on an annual basis.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.6 Is the service well led?

### Management and governance

Mrs McCloskey is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with laser treatments. Observations made confirmed that policies and procedures were indexed, dated and Mrs McCloskey confirmed these were reviewed on an annual basis.

Discussion with Mrs McCloskey demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs McCloskey evidenced a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

Discussion with 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 system was 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 Mrs McCloskey confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs McCloskey confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Mrs McCloskey, registered person and authorised operator demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs McCloskey confirmed that the statement of purpose and client's 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. Mrs McCloskey confirmed that she is giving consideration to providing a second treatment room. Mrs McCloskey was advised that prior to any additional treatment rooms becoming operational a variation to registration application must be submitted to RQIA. The variation to registration application process was discussed with Mrs McCloskey.

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

### Client and staff views

All four clients who submitted questionnaire responses indicated that they felt that the service is well managed. All four clients indicated that they were very satisfied with this aspect of the service. The following comments were provided:

- "I feel well care for and looked after when I go for treatment at Skin. Lee-Anne is very good at her job and takes her time and also explains what she is doing and answers any questions. I feel very relaxed when getting treatment."

- “Committed staff. Well run professional business.”
- “Overall I’ve never been to a salon as well run and professional as Skin is. Lee-Anne is first class in what she does and I would never think of going elsewhere now.”
- “I have been attending skin for approximately 10 months now for both tattoo removal and laser hair removal. I could not be more satisfied with the treatments and service. Lee-Anne is very thorough with her consultations, treatments and aftercare. She is extremely professional and the hygiene, health and safety are second to none.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lee-Anne McCloskey, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the IH-Cosmetic Laser service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005, and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulations (Northern Ireland) 2011.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **RQIA's web portal** for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 5.1

**Stated:** First time

**To be completed by:**  
22 July 2017

Feedback provided by clients on the quality of treatment, information and care received should be collated in an anonymised format, summarised and used by the establishment to make improvements to services. A summary report should be generated at least on an annual basis and made available to clients and other interested parties upon request.

**Response by registered provider detailing the actions taken:**  
Questionnaires have been sent out to clients to complete, findings of these will be summarised in a report available in clinic. Cut off date for replies 31/7/17.



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