

Inspection Report

24 January 2023



Beyond Skin Clinic Limited

Type of service: Independent Hospital (IH) – Cosmetic Laser and
Intense Pulse Light (IPL) Service

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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: Beyond Skin Clinic Limited</p> <p>Responsible Individual: Mrs Gillian Rossborough</p>	<p>Registered Manager: Mrs Gillian Rossborough</p> <p>Date registered: 20 July 2016</p>
<p>Person in charge at the time of inspection: Mrs Gillian Rossborough</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p>	
<p>Brief description of how the service operates: Beyond Skin Clinic Limited is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following 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>Beyond Skin Clinic Limited also provides a range of cosmetic/aesthetic treatments. The clinic have currently ceased to offer intense pulse light (IPL) treatments and this inspection focused solely on those treatments using Class 4 laser machines 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: Cynosure Model: Elite Plus Serial Number: ELM+0351 Laser Class: 4 Wavelength: 755nm (Alexandrite) & 1064nm (Nd:YAG)</p> <p>Manufacturer: Cynosure Model: Elite Plus Serial Number: ELM+2009 Laser Class: 4</p>	

Wavelength: 755nm (Alexandrite) & 1064nm (Nd:YAG)

Laser protection advisor (LPA):

Mr Godfrey Town

Laser protection supervisor (LPS):

Mrs Gillian Rossborough

Medical support services:

Dr Ross Martin

Authorised operators:

Mrs Gillian Rossborough

Ms Fiona Barr

Ms Tara Conway

Ms Cynthia Lim

Ms Sian Boucher

Types of laser treatment:

- hair reduction
- skin rejuvenation
- pigmentation reduction
- treatment of facial and vascular blemishes

2.0 Inspection summary

This was an announced inspection, undertaken on 25 January 2023 from 10.00 am to 1.00 pm.

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

There was evidence of good practice concerning authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); 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.

One area for improvement has been made against the regulations in relation to the recruitment and selection of staff and one area for improvement has been made against the standards in relation to the management of clinical records.

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 by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

One client submitted a response and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The client indicated that they were very satisfied with each of these areas of their care and included an positive comment on the professional approach of staff in relation to safe practice and the high standard of hygiene and cleanliness throughout the clinic.

Two staff submitted questionnaire responses. Both staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. Both staff indicated that they were very satisfied with each of these areas of client care.

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 Beyond Skin Clinic Limited was undertaken on 8 October 2021 and 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?

Mrs Rossborough confirmed that laser treatments are carried out and the establishment is not currently offering IPL treatments.

Mrs Rossborough told us that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. It was confirmed that treatments using the laser machines are only carried out by authorised operators. A register of authorised operators for the laser machines is maintained and kept up to date.

A review of training records evidenced that all authorised operators had 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.

Mrs Rossborough confirmed that staff employed that are not directly involved in the use of the laser machines have undertaken laser safety awareness training.

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?

Recruitment and selection policies and procedures for the recruitment of authorised operators were in place. The policies and procedures should be further developed to ensure that they include all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection RQIA received confirmation by email that this had been actioned.

Mrs Rossborough advised that an authorised operator had resigned however, returned to the clinic to work a short time after leaving. Mrs Rossborough was advised that a new enhanced AccessNI disclosure check should be undertaken in respect of this staff member and all other recruitment documentation should be sought and retained as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. Mrs Rossborough agreed to action this and following the inspection RQIA received confirmation by email that this had been actioned.

A review of the personnel files of two authorised operators recruited since the previous inspection evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of a criminal conviction declaration and health check for both staff members. This was discussed and Mrs Rossborough confirmed that should any authorised operator be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

The issues identified regarding recruitment and selection were discussed and an area for improvement has been made to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection for any new authorised operators recruited in the future.

Further development of the recruitment and selection policy and addressing the area for improvement made will ensure that any future recruitment of authorised operators is in keeping with legislation and best practice.

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

Mrs Rossborough stated that laser treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse, distinct referral pathways and the relevant contact details for onward referral to the local Health and Social Care Trust in the event of a safeguarding issue arising.

Mrs Rossborough is 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 Rossborough, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

Mrs Rossborough was advised to ensure a copy of the regional guidance document entitled [Adult Safeguarding Prevention and Protection in Partnership \(July 2015\)](#) is 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 had up to date training in basic life support and Mrs Rossborough is 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 and reflected 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.

The laser treatment rooms were clean and clutter free. Discussion with Mrs Rossborough 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 have up to date training in IPC.

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 Rossborough who outlined the measures taken by Beyond Skin Clinic Ltd 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 several treatment rooms however only two of these are used for laser treatments. The areas of the premises reviewed were found to be maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that carbon dioxide (CO₂) fire extinguishers are available which have 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 the laser equipment in place. 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 24 June 2023.

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 equipment being used.

The establishment's LPA completed a virtual risk assessment of the premises during June 2022 and all recommendations made by the LPA have been addressed.

Mrs Rossborough told us that laser procedures are carried out following medical treatment protocols which have been produced by a named registered medical practitioner.

It was demonstrated the protocols contained the relevant information about the treatments being provided and are due to expire during June 2023. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Rossborough, as the LPS, has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The doors to the treatment rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Mrs Rossborough was aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

The lasers are operated using a key. Arrangements are in place for the safe custody of the keys when not in use. Protective eyewear was available for the client and operator as outlined in the local rules.

Beyond Skin Clinic Ltd has two laser registers one for each laser machine. Mrs Rossborough confirmed that the authorised operators complete the relevant laser register every time the equipment is operated and each register includes:

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports of the lasers dated January 2023 were reviewed.

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

The service 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 (GP), with their consent, for further information if necessary.

Two client care records were reviewed. There was an accurate and up to date treatment record for one of the clients 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)

However a review of the second client's care records identified that the record of treatment was not as stated in the laser register, the consent form had not been signed and there was no evidence of a skin assessment being undertaken. This was discussed and an area for improvement against the standards has been made.

Mrs Rossborough confirmed 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. Mrs Rossborough was advised to amend the policy in relation to the retention of client care records in keeping with legislation. Following the inspection RQIA received confirmation by email that this had been actioned.

Addressing the area for improvement in relation to client care records will strengthen the arrangements in place to ensure that clients have a planned programme of care and have 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?

Clients are treated with dignity and respect and 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.

Appropriate measures are in place to maintain client confidentiality and Mrs Rossborough confirmed that client care records were stored securely in a lockable cabinet and also securely electronically.

Mrs Rossborough confirmed that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete via a text message.

Mrs Rossborough was advised to ensure that the results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Mrs Rossborough was also advised to develop an action plan to inform and improve services provided, if appropriate.

Mrs Rossborough discussed recent client satisfaction feedback and confirmed that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in decisions regarding their choice of treatment.

5.2.11 How does the responsible individual 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 Rossborough is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received and templates were available to record details of the complaint, any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Mrs Rossborough confirmed that no complaints had been received since the previous inspection.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Rossborough confirmed that incidents would be effectively documented and investigated in line with legislation. Mrs Rossborough was advised to ensure that all relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths.

Mrs Rossborough demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. 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 displayed in a prominent place.

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

It was determined that suitable arrangements are in place to enable the responsible individual to 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 Rossborough.

Mrs Rossborough confirmed that the equality data collected was managed in line with best practice.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Mrs Rossborough, Responsible Individual and Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) (d) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2023</p>	<p>The responsible individual shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, is sought and retained prior to commencement of employment of any authorised operator recruited in the future.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p>

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.10 Stated: First time To be completed by:	<p>The responsible individual shall ensure that there is an accurate and up to date treatment record for every client that includes:</p> <ul style="list-style-type: none"> • 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) <p>Ref: 5.2.9</p>
	<p>Response by registered person detailing the actions taken:</p>

Please ensure this document is completed in full and returned via Web Portal



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