

Announced Care Inspection Report 23 January 2019



Beyond Skin Clinic Limited

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/Intense Pulsed Light (IPL) Service**

Address: 14 College Street, Belfast BT1 6BT

Tel No: 028 9033 3858

Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is an Independent Hospital (IH) – Cosmetic Laser/IPL service. Types of treatment provided are permanent hair reduction, skin rejuvenation, pigmentation reduction, treatment of acne and vascular blemishes. Ms Lowe confirmed that IPL equipment previously used is no longer operational and the establishment is not currently offering IPL treatments.

The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Laser Equipment:

- Manufacturer: Cynosure
- Model: Elite Plus
- Serial Number: ELM+0351
- Laser Class: 4
- Wavelength: 755nm (Alexandrite) & 1064nm (Nd:YAG)

Laser protection advisor (LPA):

- Mr Godfrey Town

Laser protection supervisor (LPS):

- Ms Gillian Lowe

Medical support services:

- Dr Ross Martin

Authorised operators:

- Ms Gillian Lowe
- Ms Anna Pokrzywa

3.0 Service details

Organisation/Registered Provider: Beyond Skin Clinic Limited	Registered Manager: Ms Gillian Lowe
Responsible Individual: Ms Gillian Lowe	
Person in charge at the time of inspection: Ms Gillian Lowe	Date manager registered: 20 July 2016
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 23 January 2019 from 09.55 to 12.35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection determined if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

There were no areas requiring improvement identified.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	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 Gillian Lowe, responsible individual, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 July 2017

No further actions were required to be taken following the most recent inspection on 5 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed client questionnaires were analysed on the day of the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. One completed staff questionnaire was returned and analysed prior to the inspection.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Gillian Lowe, responsible individual, and Ms Jenny Wallace, company director and partner.

The following records were examined during the inspection:

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 July 2017

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

6.2 Review of areas for improvement from the last care inspection dated 5 July 2017

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Ms Lowe confirmed that only laser treatments are carried out in the establishment. The IPL equipment previously used is no longer operational and the establishment is not currently offering IPL treatments.

Discussion with Ms Lowe, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. The laser treatments are carried out by two authorised operators. A register of authorised operators for the laser was maintained and kept up to date.

No new staff have commenced employment since the previous inspection and it was confirmed that an induction would be completed for any new staff commencing employment in the future.

A review of training records evidenced that authorised operators had up to date training in core of knowledge, application training for the equipment in use, infection prevention and control and fire safety in keeping with the RQIA training guidance. Both authorised operators had received training in safeguarding adults and following the inspection, RQIA received confirmation that Ms Lowe had received further training in safeguarding of adults commensurate with her role as the safeguarding lead in keeping with the RQIA training guidance. Following the inspection RQIA also received confirmation that basic life support training had been updated for both authorised operators.

Ms Lowe confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Ms Lowe confirmed that the other authorised operator takes part in appraisal on an annual basis.

Recruitment and selection

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

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

Safeguarding

It was confirmed that laser treatments are not provided to persons under the age of 18 years.

Ms Lowe was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Ms Lowe is the nominated safeguarding lead for the establishment.

As discussed both authorised operators had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014 and in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Laser/IPL 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 9 June 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 10 June 2018. 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 10 June 2018 and Ms Lowe confirmed that any recommendations made by the LPA have 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.

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

The establishment has a laser register which is completed every time the equipment is operated and 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 report of 14 June 2018 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

A management of medical emergency policy had been developed following the previous inspection.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Lowe 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 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Ms Lowe confirmed that 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.

Three 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.

Ms Lowe confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered 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.

Ms Lowe confirmed that staff meetings are held on a regular basis. Ms Lowe has agreed to ensure that the minutes of staff meetings held in the future are retained.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Ms Lowe 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.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

As previously stated there are two authorised operators working in the establishment. Ms Lowe and Ms Pokrzywa are both authorised operators. It was evident there is a clear organisational structure within the establishment and Ms Lowe has overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with, were aware of the policies and how to access them.

Discussion with Ms Lowe demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Ms Lowe demonstrated good awareness of complaints management.

Ms Lowe 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.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available. Ms Lowe confirmed that staff were aware of who to contact if they had a concern.

Ms Lowe demonstrated a clear understanding of her role and responsibility in accordance with legislation. Ms Lowe 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

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 Lowe.

6.9 Client and staff views

Five clients submitted questionnaire responses to RQIA. All of the clients 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 very satisfied with each of these areas of their care.

The following comment was included in one of the submitted questionnaire responses:

- Staff are very knowledgeable and ensure treatment meets your needs.”

One member of staff submitted a questionnaire response to RQIA. The member of staff indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led and was very satisfied with each of these areas of client care.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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