

Announced Care Inspection Report 5 July 2017



Beyond Skin Clinic Limited

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

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Inspectors: Emily Campbell and 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.

Laser Equipment:

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

IPL Equipment:

- Manufacturer: Emergist
- Model: Ultra IPL
- Serial Number: UO 0598
- Laser Class: IPL
- Wavelength: 530nm & 610nm

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 (Laser only)

Types of treatment provided: permanent hair reduction, skin rejuvenation, pigmentation reduction, treatment of acne and vascular blemishes.

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 05 July 2017 from 09:55 to 13.00.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last pre-registration care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to training, infection prevention and control, laser safety, the client experience, the environment and governance arrangements.

There were no areas requiring improvement identified.

Clients who submitted questionnaire responses indicated a high level of satisfaction.

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, registered person, 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 pre-registration care inspection dated 5 and 8 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 and 8 July 2016.

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 pre-registration care inspection
- the returned QIP from the previous pre-registration care inspection
- the previous pre-registration care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspectors met with Ms Gillian Lowe, registered person, Ms Jenny Wallace, company director and partner, and Ms Anna Pokrzywa, authorised operator of the laser only. A tour of the premises was also undertaken.

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

Areas for improvement identified at the last pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 and 8 July 2016

The most recent inspection of the establishment was an announced pre-registration care inspection on 5 and 8 July 2016. The completed QIP was returned and approved by the care inspector.

The pre-registration premises inspection was undertaken on 4 July 2016. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 July 2016 and 8 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.12 Stated: First time	Update safe use and application training of the IPL equipment should be undertaken by authorised users as recommended by the laser protection advisor (LPA).	Met
	Action taken as confirmed during the inspection: Ms Lowe confirmed that she had attended update safe use and application training of the IPL equipment as recommended by the laser protection advisor (LPA). However, the record of training attended was not available to review on the day of the inspection. On the same day as the inspection RQIA received evidence by email that this training had been undertaken.	
Area for improvement 2 Ref: Standard 48.19 Stated: First time	The Laser/IPL key safe should be wall mounted.	Met
	Action taken as confirmed during the inspection: The Laser/IPL key safe was observed to be wall mounted.	

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

Discussion with Ms Lowe and staff confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms Lowe confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser/IPL is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment. Ms Lowe was advised to ensure that completed inductions were signed and dated by both the inductee and inductor. This was actioned immediately following the inspection.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm.

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.

Ms Lowe confirmed that authorised operators will receive an appraisal on an annual basis.

Recruitment and selection

A review of the personnel file of one authorised operator recruited since the previous inspection confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 with the exception of a obtaining a criminal conviction declaration and confirmation that the person is physically and mentally fit to fulfil their duties. This was discussed with Ms Lowe and following the inspection information was emailed to Ms Lowe to assist in the completion of the criminal conviction declaration. Ms Lowe has agreed to obtain a criminal conviction declaration and confirmation of physical and mental fitness for any new staff employed in the future.

A copy of the enhanced AccessNI certificate was retained in the personnel file reviewed. It was advised that this is not in keeping with AccessNI code of practice. Ms Lowe agreed to destroy the certificate and to keep a log containing the name of the staff member, the date the check was applied for and received, the unique identification number and the outcome of the check.

A recruitment policy and procedure was in place. A minor amendment was made to the policy on the day of the inspection. The revised policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. It was identified that the policy was in need of further development in order to fully reflect the most recent regional guidance documents. Following the inspection information was emailed to Ms Lowe to assist in the development of a policy that fully reflects the 'Adult Safeguarding Prevention and Protection Partnership' policy (July 2015). On the afternoon of the inspection RQIA received an email from Ms Lowe which included a copy of the revised safeguarding adults policy which was reflective of the afore mentioned regional guidance document.

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to laser and IPL 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 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 15 June 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 IPL/laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 10 June 2017 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/IPL treatments and a list of authorised operators is maintained. Both authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser/IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser/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/IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser/IPL equipment is operated using keys. Arrangements are in place for the safe custody of the laser and IPL keys when not in use. As discussed the laser/IPL key safe was observed to be wall mounted. 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. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser and an IPL register which are 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/IPL equipment in line with the manufacturer's guidance. The most recent service report for the laser was dated 13 June 2017 and the service report for the IPL was dated 29 September 2016.

Management of emergencies

As discussed, both 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 was developed and emailed to RQIA on the afternoon of the inspection.

Infection prevention and control and decontamination procedures

The treatment rooms were clean and clutter free. Discussion with Ms Lowe 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, both 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. Cleaning schedules for the establishment were in place.

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

Client and staff views

Nine clients submitted questionnaire responses. All indicated that they felt safe and protected from harm. Eight clients indicated that they were very satisfied with this aspect of care. One client indicated that they were very unsatisfied however; this client also felt that the care was safe and no comment was provided by this client.

One comment provided included the following:

- “If Gillian feels too tanned, will not treat.”

Two staff submitted questionnaire responses. Both indicated that they felt that clients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

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/IPL procedure.

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

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

A selection of client care records was 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.

The establishment is registered with the Information Commissioners Office (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.

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

Staff confirmed that management is approachable and their views and opinions are listened to.

Client and staff views

All nine clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight indicated they were very satisfied with this aspect of care. One client indicated that they were very unsatisfied however; this client also felt that the care was effective and no comment was provided by this client. No comments were included in submitted questionnaire responses.

Both submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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 and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

Discussion with Ms Lowe and staff 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 manual format.

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. The most recent summary report compiled on 16 July 2017 was reviewed and it was suggested that the number of questionnaires or participants should be included.

Client and staff views

All nine clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eight indicated they were very satisfied with this aspect of care. One client indicated that they were very unsatisfied however; this client also felt that the care was compassionate and no comment was provided by this client. One comment provided included the following:

- “Feel comfortable.”

Both submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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
Total number of 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

Ms Lowe is responsible for the day to day management of the establishment. As previously stated there are two authorised operators working in the establishment. Ms Lowe is an

authorised operator for both the laser and IPL and Ms Pokrzywa is an authorised operator for the laser only. It was evident there is a clear organisational structure within the establishment and both Ms Lowe and Ms Pokrzywa confirmed that as authorised operators they were aware of their roles and responsibilities and were aware of what action to take should they have a concern.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed and dated. Ms Lowe confirmed that the policies will be 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. Discussion with staff demonstrated 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 2016 to 31 March 2017.

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.

Ms Lowe confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they 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. Information requested by RQIA has been submitted within specified timeframes. 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.

Client and staff views

All nine clients who submitted questionnaire responses indicated that they felt that the service is well managed. Eight clients indicated that they were very satisfied with this aspect of the service. One client indicated that they were very unsatisfied however; this client also felt that the service was well led and no comment was provided by this client. No comments were included in submitted questionnaire responses.

Both submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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