

# Announced Care Inspection Report 25 September 2019



## Beyond Skin Clinic Limited

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

**Address: 14 College Street, Belfast, BT1 6BT**

**Tel No: 028 9033 3858**

**Inspector: Emily Campbell**

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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 hair reduction, skin rejuvenation, pigmentation reduction, treatment of facial and vascular blemishes. Mrs Rossborough 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 (1):**

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

**Laser equipment (2):**

- Manufacturer: Cynosure
- Model: Apogee Elite
- Serial Number: ELMD 1059
- Laser Class: 4
- 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:**

Cynosure Elite Plus - Gillian Rossborough, Anna Pokrzya, Fiona Barr and Tara Conway

Cynosure Apogee Elite - Gillian Rossborough, Anna Pokrzya, Fiona Barr and Tara Conway

**Types of treatment provided:**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Beyond Skin Clinic Limited	<b>Registered Manager:</b> Mrs Gillian Rossborough
<b>Responsible Individual:</b> Mrs Gillian Rossborough	
<b>Person in charge at the time of inspection:</b> Mrs Gillian Rossborough	<b>Date manager registered:</b> 20 July 2016
<b>Categories of care:</b> 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 25 September 2019 from 10:20 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 assessed progress with any areas for improvement identified 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.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Gillian Rossborough, 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 23 January 2019

No further actions were required to be taken following the most recent inspection on 23 January 2019.

## 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 clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No questionnaire responses were submitted to RQIA.

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

During the inspection the inspector met with Mrs Gillian Rossborough, responsible individual and authorised operator, Ms Jennie Wallace, company director and an authorised operator. 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

The findings of the inspection were provided to Mrs Rossborough at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 January 2019.

No areas of improvement were identified during this 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

Mrs Rossborough 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 Mrs Rossborough 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 four authorised operators. A register of authorised operators for the lasers was maintained and kept up to date.

A review of two completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

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, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Discussion with Mrs Rossborough and staff and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

#### Recruitment and selection

A review of two personnel files of authorised operators recruited since the previous inspection and discussion with Mrs Rossborough and Ms Wallace confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosure checks had been undertaken prior to the commencement of employment. These did not include checking against the barred list and Ms Wallace was advised to ensure this is carried out for any new authorised operators recruited in the future.

The storage of disclosure information was not in keeping with AccessNI's code of practice. However, a template was devised during the inspection to record the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

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.

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, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults 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 and children 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 or child. 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 policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **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 9 June 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 25 June 2019. 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 2019 and all recommendations made by the LPA have been signed off as 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. Arrangements are in place for another authorised operator, who is

suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with Mrs Rossborough confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

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 rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

Both lasers are operated using keys and 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. Mrs Rossborough agreed to mark operator and client eyewear to ensure they are kept separate in the interest of infection prevention and control 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 two laser registers, one for each laser, 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 equipment in line with the manufacturer's guidance. The most recent service reports of 12 June 2019 were 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.

There was a resuscitation policy in place.

### **Infection prevention and control and decontamination procedures**

The treatment rooms were clean and clutter free. Discussion with Mrs Rossborough and staff 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 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 carbon dioxide (CO<sub>2</sub>) fire extinguishers are available which were serviced on 19 September 2019.

Emergency lighting and fire alarms were serviced in September 2019 and portable appliance testing (PAT) was undertaken in January 2019.

### 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

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.

Four 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.

Discussion with Mrs Rossborough and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

## **Audits**

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

Audits undertaken include authorised operator client file reviews and treatment audits.

Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structure.

## **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. Mrs Rossborough and staff confirmed that staff meetings are held on a monthly basis and minutes 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, and ensuring effective communication between clients and staff.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 Mrs Rossborough 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 and electronic records are password protected.

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. Review of the completed questionnaires within the establishment found that clients were highly satisfied with the quality of treatment, information and care received.

**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**

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements

were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

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

Mrs Rossborough is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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 or earlier if required. Staff spoken with were aware of the policies and how to access them.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the client's guide and information on display in the establishment's website. Mrs Rossborough demonstrated good awareness of complaints management.

There have been no complaints since the previous inspection, however, templates are available to ensure that complaints from clients, their representatives or any other interested party will be effectively managed. This will include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Mrs Rossborough confirmed that if applicable, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mrs Rossborough 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.

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

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

### 6.9 Client and staff views

Seven clients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaire responses:

- “Staff are interested in finding the appropriate care for you. I am always impressed by their engaging approach.”
- “Every visit is exemplary. I am always treated with kindness and respect, and am kept well informed of what to expect from my treatments. Beyond Skin Clinic is a fantastic place to have treatments.”
- “So professional.”

Staff were invited to submit questionnaire responses electronically. No questionnaire responses were submitted to RQIA.

### 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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