

Inspection Report

7 December 2021



Skyn Boutique

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

Organisation/Registered Provider: Skyn Boutique Limited	Registered Manager: Mrs Maxine Eaves
Responsible Individual: Mrs Maxine Eaves	Date registered: 18 December 2018
Person in charge at the time of inspection: Mrs Maxine Eaves	
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)	
Brief description of how the service operates: Skyn Boutique is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL) The establishment also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on laser and intense pulse light (IPL) treatments; that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service:	
Manufacturer:	Bios
Model:	Superbium
Serial Number:	SPB-15F-0332
Treatment Heads	(1) IPL 400 – 1200nm
	(2) Nd YAG QSwitched Output wavelength 1064nm Class 4
	(3) Nd YAG Long Pulse Output wavelength 1064nm Class 4
The Bios Superbium machine is a multi-platform machine that is capable of providing both laser and IPL treatments by changing the treatment heads.	

Both laser and IPL treatment heads are available in the establishment. During this inspection Mrs Eaves stated that only laser treatments are offered.

Laser protection advisor (LPA)

Ms Anna Bass (Lasermet)

Laser protection supervisor (LPS)

Mrs Maxine Eaves

Medical support services

Dr Paul Myers (Lasermet)

Authorised operators

Mrs Maxine Eaves

Ms Alison Torbet

Treatments using the laser treatment heads

Hair removal

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 December 2021 from 10.30 am to 12.30 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Skyn Boutique was not inspected by RQIA during the 2020-21 inspection year.

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

There was evidence of good practice concerning staff recruitment; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; 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 identified against the regulations to ensure the authorised operators undertake training in fire safety awareness and safeguarding adults at risk of harm as outlined in the RQIA training guidance.

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

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Skyn Boutique.

Posters were issued to Skyn Boutique by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

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 Skyn Boutique was undertaken on 16 August 2019; 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 Eaves told us there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Eaves confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the Bios Superbium machine was 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.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support and infection prevention and control in keeping with the RQIA training guidance. However it was identified that training in fire safety awareness and safeguarding adults at risk of harm was in need of renewal. Mrs Eaves stated that training dates had been arranged and evidence of this training would be provided to RQIA following this inspection. On 20 January 2022, Mrs Eaves contacted RQIA and informed us that due to extenuating circumstances training in fire safety awareness and safeguarding adults at risk of harm had to be postponed. This was discussed with Mrs Eaves and an area for improvement has been made against the regulations in this regard.

All other staff employed at the establishment, but not directly involved in the use of the Bios Superbium machine, had received laser safety awareness training during December 2018

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

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

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

Mrs Eaves informed us that laser treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Eaves confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

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 reference.

Review of records demonstrated that Mrs Eaves, 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.

The service has arrangements in place to manage a safeguarding issue should it arise, however as previously discussed, an area for improvement has been made against the regulations to ensure the authorised operators undertake refresher adult safeguarding training.

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 were 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, reflected legislation and 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 in all areas.

The Bios Superbium machine is located in a treatment room that was clean and clutter free. Discussion with Mrs Eaves evidenced that appropriate procedures were in place for the decontamination of equipment between use however a record was not kept in this regard. On 20 January 2022 RQIA received confirmation by email that a record has been maintained to verify the decontamination of equipment between usage.

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.

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 Eaves who outlined the measures taken by Skyn Boutique 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 proposed 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 one treatment room, a reception area and has access to storage rooms. The premises were maintained to a good standard of maintenance and décor and 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. As previously discussed, an area for improvement has been made against the regulations to ensure the authorised operators undertake refresher training in fire safety awareness.

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 Bios Superbium machine. 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 was due to expire on 6 January 2022. Mrs Eaves confirmed by telephone on 17 January 2022 that the appointment of the establishment's LPA had been renewed and a new certificate will be provided in due course.

Up to date, local rules were in place which have been developed by the LPA.

The establishment's LPA completed a risk assessment of the premises during January 2021 and all recommendations made by the LPA have been addressed.

Mrs Eaves told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was evidenced that a system is in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Mrs Eaves as the laser protection supervisor (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 Bios Superbium machine is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the Bios Superbium machine 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 Bios Superbium machine is in use but can be opened from the outside in the event of an emergency.

The Bios Superbium machine is operated using a key. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Authorised operators were aware that the laser safety warning signs should only be displayed when the Bios Superbium machine is in use and removed when not in use.

The establishment has a register which is completed every time the equipment is operated; the same register had previously been used to record both laser and IPL treatments. It was observed that only the laser treatments section of this register had been completed. The 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 Bios Superbium machine in line with the manufacturer's guidance. The most recent service report was reviewed.

It was determined that appropriate arrangements were in place to operate the Bios Superbium machine.

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. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. 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.

Four client care records were reviewed. There was an accurate and up to date treatment record for every client 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)

Observations made evidenced 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.

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 policy for advertising and marketing which is in line with legislation.

5.2.10 How does the service ensure that clients are treated with dignity and respect and are involved in the decision making process?

Discussion with Mrs Eaves regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment 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 observations made evidenced that client care records were stored securely in a lockable storage case.

Mrs Eaves told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. However due to the impact of the COVID-19 pandemic, the number of completed laser treatments undertaken had fallen and only a small number of clients had completed a course of treatment. Mrs Eaves stated that when an adequate number of client satisfaction completed questionnaires are returned, the results of these will be collated to provide a summary report which will be made available to clients and other interested parties. Mrs Eaves confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

The service has a process in place to seek the views and opinions of the service users.

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 Eaves 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 equipment and treatments offered. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment and authorised operators evidenced a good awareness of complaints management.

Mrs Eaves confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

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

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

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 Eaves.

Discussion and review of information evidenced 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.

	Regulations	Standards
Total number of Areas for Improvement	1	0

One area for improvement and detail of the QIP was discussed with Mrs Eaves 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	
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time To be completed by: 28 February 2022	<p>The registered person shall ensure that authorised operators have completed fire safety awareness and safeguarding adults at risk of harm training as outlined in the RQIA training guidance.</p> <p>Copies of training certificates should be provided to RQIA on return of this QIP.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken:

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



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A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk