

Announced Care Inspection Report 16 August 2019



Skyn Boutique

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

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Inspector: Stephen O'Connor

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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

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 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.

Laser and IPL equipment

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 treatments heads are available in the establishment.

Laser protection advisor (LPA)

Ms Anna Bass (Lasernet)

Laser protection supervisor (LPS)

Mrs Maxine Eaves

Medical support services

Dr Paul Myers (Lasernet)

Authorised operators

Mrs Maxine Eaves

Ms Alison Torbet

Treatments using the laser treatment heads

Hair removal

Tattoo removal

Treatments using the IPL treatment head

Hair removal

Skin rejuvenation

3.0 Service details

Organisation/Registered Provider: Skyn Boutique Limited	Registered Manager: Mrs Maxine Eaves
Responsible Individual: Mrs Maxine Eaves	
Person in charge at the time of inspection: Mrs Maxine Eaves	Date manager registered: 18 December 2018
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 16 August 2019 from 09:50 to 12:20.

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

No areas for improvement were identified during the inspection.

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 Mrs Maxine Eaves, 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 7 December 2018

No further actions were required to be taken following the most recent inspection on 7 December 2018.

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 completed staff questionnaires were submitted.

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

During the inspection the inspector met with Mrs Maxine Eaves, responsible individual and authorised operator and Ms Alison Torbet, authorised operator.

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 Eaves, responsible individual, at the conclusion of the inspection.

6.0 The 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

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

Mrs Eaves confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the Bios Superbium machine is maintained and kept up to date.

Mrs Eaves confirmed that should an authorised operator be recruited in the future they would complete an induction programme 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, 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 Bios Superbium machine, had received laser safety awareness training during December 2018.

Recruitment and selection

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 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 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. Mrs Eaves confirmed that Skyn Boutique has appointed an external organisation to provide advice and support in regards to recruitment and any human resources (HR) issues that may arise.

Safeguarding

It was confirmed that laser or IPL 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 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 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/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to Bios Superbium machine.

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 14 August 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 15 August 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.

It was observed that the local rules were issued on the 22 May 2018 were due to be reviewed by 21 May 2019. Document control confirming that the local rules were still valid was submitted to RQIA by email following the inspection. The local rules contained the relevant information pertaining to the Bios Superbium machine.

The establishment's LPA completed a risk assessment of the premises on 22 May 2018 and all recommendations made by the LPA have been addressed.

Mrs Eaves as the laser protection supervisor (LPS) has overall responsibility for safety during treatments using the Bios Superbium machine 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 Bios Superbium machine 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 Eaves 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 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 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 machine key 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. Laser safety warning signs are 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 is used for laser and IPL treatments, a section of the register is dedicated to laser treatments and a separate section dedicated to IPL treatments. 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 the Bios Superbium machine in line with the manufacturer's guidance. The machine is not due its first service until November 2019.

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. Two automated external defibrillators (AED's) are available within The House of Vic Ryn.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs Eaves and Ms Torbet 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.

Risk Management

Mrs Eaves confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Mrs Eaves demonstrated that arrangements were in place to review risk assessments.

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.

Arrangements were in place for maintaining the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, appraisal, adult safeguarding, laser and IPL 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 and 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.

Seven 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 Eaves, and review of the management of records policy confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations (GDPR) 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 Eaves confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs Eaves confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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 Eaves confirmed that staff meetings are held. Mrs Eaves confirmed that should the establishment receive complaints and or incidents occur that any learning identified would be disseminated to staff.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records 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

Discussion with Mrs Eaves and Ms Torbet 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 a lockable filing cabinet.

Client satisfaction surveys are carried out by the establishment on a routine basis. A random sample of completed client satisfaction surveys reviewed evidenced that clients were highly satisfied with the quality of treatment, information and care received. Mrs Eaves confirmed that they are still gathering client satisfaction surveys and before the first year anniversary of their registration with RQIA that the results of the completed client satisfaction surveys will be collated to provide a summary report which will be made available to clients and other interested parties.

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 Eaves is in day to day charge of the establishment, 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. 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 guide and information on display in the establishment.

Review of documentation evidenced that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Mrs Eaves confirmed that Skyn Boutique have not received any complaints since registering with RQIA. Mrs Eaves also confirmed that if they did receive a complaint records would be retained to include the details of any investigation undertaken, all communication with complainants, and 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.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Discussion with 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. 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; the policy was amended during the inspection to include the details of external organisations that could be utilised by staff. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Mrs Eaves responsible individual/registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within 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 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 Eaves and Ms Torbet.

6.9 Client and staff views

Eleven clients submitted questionnaire responses to RQIA. All 11 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 11 clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Professional helpful, knowledgeable staff. Treatment always discussed and explained.”
- “I am quite a nervous client and didn't feel comfortable anywhere until I came to Skyn Boutique. I have remained a client over two years now and trust the staff here so much. Wouldn't trust anyone else with my treatments or laser treatments.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires 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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