

Announced Care Inspection Report 13 July 2017



Luvma Limited Laser Clinic

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

Address: 14 Union Street, Cookstown, BT80 8NN

Tel No: 028 8634 0493

Inspector: Stephen O'Connor

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 a registered cosmetic laser/IPL service providing treatments using a class 4 laser and IPL machine.

Laser/IPL equipment:

Manufacturer: Bios
 Model: Superbium
 Serial Number: SPB-15M-0139
 Handpieces: - (a) Class 4 laser
 Output Wavelength 1064nm with second harmonic crystal for output at 532nm
 (b) Intense Pulsed Light (IPL)

Laser protection advisor (LPA):

Dr Anna Bass (Lasernet)

Laser protection supervisor (LPS):

Miss Robyn Chambers

Medical support services:

Dr Paul Myers (Lasernet)

Authorised operators:

Miss Robyn Chambers

Type of treatments provided using the laser handpiece

- tattoo removal

Type of treatments provided using the IPL handpiece

- hair removal
- skin rejuvenation
- red vein treatment (vascular)
- acne treatment
- pigmentation
- red flushing skin

3.0 Service details

Registered Organisation: Luvma Limited	Registered Manager: Miss Robyn Chambers
Registered Person: Mr Maciej Smuczynski	
Person in charge at the time of inspection: Miss Robyn Chambers	Date manager registered: 17 October 2016
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 13 July 2017 from 09:50 to 11:50.

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 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 infection prevention and control, laser/IPL safety, the client experience, the environment, management of clinical records, and governance arrangements.

Four areas of improvement against the minimum standards were identified. These related to retaining records to evidence that support staff had completed laser/IPL safety awareness training, the further development of the adult safeguarding policy, authorised operator refresher training in basic life support and fire safety awareness and generating a client feedback summary report.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Miss Robyn Chambers, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 24 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 August 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 care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

- submitted complaints declaration

Client questionnaires were issued to the establishment prior to the inspection. No completed client questionnaires were submitted to RQIA prior to the inspection. Miss Chambers confirmed that no clients had attended for treatment in the weeks leading up to the inspection. No staff are employed in Luvma Limited Laser Clinic and therefore RQIA did not issue staff questionnaires prior to the inspection.

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

During the inspection the inspector met with Miss Robyn Chambers, registered manager and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser/IPL 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 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 24 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 24 August 2016

Areas for improvement from the last care inspection	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	Validation of compliance

<p>Area for improvement 1</p> <p>Ref: Regulation 39 Schedule 3 Part II 3. (a) (b) (c)</p> <p>Stated: First time</p>	<p>A separate laser and IPL register must be established. The registers must be completed every time laser/IPL treatments are undertaken and include the following information:</p> <ul style="list-style-type: none"> • the name of the person treated • the date • the operator • the treatment given • the precise exposure • any accident or adverse incidents 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Miss Chambers and review of documentation confirmed that a combined laser/IPL register had been established. Review of the register evidenced that it included all the information listed above. However, a separate register should be maintained for the laser and IPL treatments. On the afternoon of the inspection RQIA received an email from Miss Chambers which stated that separate registers had been developed.</p>		
<p>Area for improvement 2</p> <p>Ref: Regulation 39 (1) & (2) (d)</p> <p>Stated: First time</p>	<p>The protective eyewear for use by the operator and clients during laser and IPL treatments must offer the same level of protection as outlined within the local rules produced by the LPA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Miss Chambers confirmed that following the previous inspection new client and operator eyewear were purchased through the appointed laser protection advisor (LPA). Review of the protective eyewear available for the client and operator evidenced that they were in keeping with the protective eyewear as outlined in the local rules.</p>		
<p>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 3.8 & 20.3</p> <p>Stated: First time</p>	<p>Miss Chambers as the authorised operator should complete training in adults at risk from harm and infection prevention and control.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that Miss</p>		

	<p>Chambers had completed adult safeguarding training during September 2016. Miss Chambers is aware that safeguarding adult refresher training should be completed every two years.</p> <p>Miss Chambers confirmed that she had completed infection prevention and control training. However, records to confirm this could not be located. On the afternoon of the inspection RQIA received an email from Miss Chambers which stated that this training had been completed during September 2016.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 48.13</p> <p>Stated: First time</p>	<p>A record should be maintained to verify that support staff not directly involved in the use of the laser/IPL equipment have completed laser/IPL safety awareness training.</p> <p>Action taken as confirmed during the inspection: Miss Chambers confirmed that the staff in the tattoo studio not directly involved in the laser/ILP equipment had completed safety awareness training. However, no records were available to confirm this.</p> <p>This area of improvement against the minimum standards has not been met and is stated for the second time.</p>	Not met
<p>Area for improvement 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>An environment cleaning schedule should be developed. The schedule should detail the frequency of cleaning (daily, weekly, monthly etc), the procedures for the decontamination of laser/IPL equipment between uses, roles and responsibilities of staff and the provision of colour coded equipment to be used in the different designated areas in the establishment. The scheduled should be signed and dated on completion of cleaning duties.</p> <p>Action taken as confirmed during the inspection: Miss Chambers confirmed that she is the sole person responsible for environmental cleaning, including the decontamination of the laser/IPL equipment between client use. Review of documentation confirmed that cleaning schedules had been developed and implemented and it was observed that cleaning equipment was colour coded in keeping with best practice.</p>	Met
Area for improvement 4	An advertising policy should be developed.	Met

<p>Ref: Standard 1.7</p> <p>Stated: First time</p>	<p>The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The establishment should establish if they are required to register with the Information Commissioner’s Office in keeping with the Data Protection Act 1988.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Miss Chambers confirmed that an advertising policy had been developed and implemented. However, this could not be located during the inspection. On the afternoon of the inspection the advertising policy was submitted to RQIA by email. The policy was in keeping with the Advertising Standards Agency guidelines.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 48.20</p> <p>Stated: First time</p>	<p>Arrangements for the servicing and maintenance of the laser/IPL machine in keeping with the manufacturer’s instructions should be established.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that a contract is in place with a service engineer to service the laser/IPL machine. Miss Chambers confirmed that the first service is due in August 2017. Miss Chambers is aware that servicing certificates should be retained.</p>		

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

Miss Chambers confirmed that laser/IPL treatments are carried out by her as the authorised operator. The register of authorised users for the IPL machine reflects that Miss Chambers is the only authorised operator.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

A review of training records evidenced that Miss Chambers as the authorised operator had up to date training in core of knowledge, safe use and application training for the equipment in use, infection prevention and control and protection of adults at risk of harm. Miss Chambers had completed basic life support training on 1 April 2016 and fire safety training on 31 May 2016. Both basic life support and fire safety training should be completed on an annual basis. This has been identified as an area for improvement against the minimum standards.

Miss Chambers confirmed that Luvma Limited Laser Clinic do not employ staff. Mr Smuczynski is the tattoo artist in the establishment and an apprentice tattooist also works in the establishment. Miss Chambers confirmed that laser/IPL safety awareness training had been provided for the staff in the tattoo studio who are not directly involved in the use the laser/IPL. However, no record of this training had been maintained. This had been identified as an area for improvement during the pre-registration care inspection. This area of improvement against the minimum standards has not been met and is stated for the second time.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Miss Chambers 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.

Safeguarding

Miss Chambers was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Miss Chambers as the safeguarding lead had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. Miss Chambers confirmed that Luvma Limited do not provide treatments to people under the age of 18. Review of the safeguarding adults policy evidenced that it lacked detail. The further development of this policy to include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise has been identified as an area for improvement against the minimum standards.

On the afternoon of the inspection the documents listed below were forwarded to Miss Chambers by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the laser/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 08 June 2018.

Laser/IPL procedures are carried out by Miss Chambers, authorised operator in accordance with medical treatment protocols produced by Dr Paul Myers on 09 June 2017. 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 20 August 2016 and all recommendations made by the LPA have been addressed.

Miss Chambers as the laser protection supervisor (LPS) has overall responsibility for safety during laser/IPL treatments and a list of authorised operators is maintained. Miss Chambers, had signed to state that she has 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 door to the treatment room is 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 a key. Arrangements are in place for the safe custody of the laser/IPL 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 laser/IPL equipment is in use and removed when not in use.

The establishment has a laser/IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

As discussed a combined laser/IPL register was in place. Miss Chambers confirmed in an email submitted to RQIA on the afternoon of the inspection that separate registers had been developed.

As previously stated arrangements were in place to service and maintain the laser/IPL equipment in line with the manufacturer's guidance.

Management of emergencies

It was confirmed that Miss Chambers as the authorised operator had completed basic life support training on 01 April 2016. As this training should be completed annually, an area for improvement against the minimum standards has been made in this regard. Discussion with Miss Chambers evidenced that she is aware of 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 room was clean and clutter free. Discussion with Miss Chambers 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, Miss Chambers has up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

Client and staff views

Miss Chambers confirmed that no clients attended for treatment in the weeks prior to the inspection and therefore no client questionnaires were distributed.

No staff questionnaires were issued on behalf of RQIA, as Miss Chambers is the sole authorised operator in the laser/IPL service.

Areas of good practice

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

Areas for improvement

A record should be retained to confirm that support staff have completed laser/IPL safety awareness training.

Miss Chambers as the authorised operator should complete annual training in basic life support and fire safety awareness.

The adult safeguarding policy should be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

	Regulations	Standards
Total number of areas for improvement	0	3

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.

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.

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.

Client and staff views

As discussed no client or staff questionnaires were submitted to RQIA prior to the inspection.

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 the authorised operator.

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 the Miss Chambers, authorised operator 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 Miss Chambers 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.

A client satisfaction survey has been developed. However, Miss Chambers confirmed that no client satisfaction surveys have been distributed to clients. Miss Chambers was advised that a report detailing the main findings of client feedback on the quality of care and treatment provided should be generated on annual basis and made available to clients and other interested parties. Miss Chambers confirmed that the establishment has a Facebook page. Miss Chambers was advised that the client feedback report should include all means by which clients provide feedback. This has been identified as an area for improvement against the minimum standards.

Client and staff views

As discussed no client or staff questionnaires were submitted to RQIA prior to the inspection.

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

The views of clients about the standard and quality of care and information received should be formally sought annually. Client feedback should be collated to provide a summary report which is made available to clients and an action plan developed (if required) to improve services.

	Regulations	Standards
Total number of areas for improvement	0	1

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

Miss Chambers is the only authorised operator and is responsible for the day to day management of the establishment. Policies and procedures were available outlining the arrangements associated with laser/IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Miss Chambers demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Miss Chambers demonstrated a 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.

Miss Chambers 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.

Miss Chambers confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals. Miss Chambers confirmed that if required an action plan would be developed and embedded into practice to address any shortfalls identified during this process.

A whistleblowing/raising concerns policy was available, however this is not applicable to this establishment at the present time as Mrs Chambers is the person working in the establishment.

Miss Chambers, 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. Miss Chambers 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

As discussed no client or staff questionnaires were submitted to RQIA prior to the inspection.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Chambers, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that

all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and 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 Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered person should confirm that these actions have been completed and return the completed QIP to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered persons 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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.13 Stated: Second time To be completed by: 13 September 2017	A record should be maintained to verify that support staff not directly involved in the use of the laser/IPL equipment have completed laser/IPL safety awareness training. Ref: 6.4 Response by registered person detailing the actions taken: Yes, this has happened and staff are aware of laser safety
Area for improvement 2 Ref: Standard 13.1 Stated: First time To be completed by: 13 September 2017	Miss Chambers as the authorised operator should complete refresher training in the following areas: <ul style="list-style-type: none"> • basic life support • fire awareness Refresher training in the above areas should be completed on an annual basis. Ref: 6.4

	<p>Response by registered person detailing the actions taken: <u>I am hooked in to do these courses in the ^{near} future.</u></p>
<p>Area for improvement 3 Ref: Standard 3.1 Stated: First time To be completed by: 13 September 2017</p>	<p>The adult safeguarding policy should be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Ref: 6.4</p> <p>Response by registered person detailing the actions taken: <u>This policy has been developed further</u></p>
<p>Area for improvement 4 Ref: Standard 5.1 Stated: First time To be completed by: 13 October 2017</p>	<p>The views of clients about the standard and quality of care and information received should be formally sought annually. Client feedback should be collated to provide a summary report which is made available to client and action plan developed (if required) to improve services. Ref: 6.6</p> <p>Response by registered person detailing the actions taken: <u>I have been handing out questionnaires for this report and will have my information gathered for this report.</u></p>

Please ensure this document is completed in full and returned to RQIA's Office



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