

# Inspection Report

26 August 2021



## Elise Clinic

Type of service: Independent Hospital – Intense Pulse Light (IPL) service  
Address: 25 Linenhall Street, Armagh, BT61 9HB  
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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

<b>Organisation/Registered Persons:</b> Mrs Rachel Sinnamon Mrs Denise Watt	<b>Registered Manager:</b> Mrs Rachel Sinnamon  <b>Date registered:</b> 15 February 2018
<b>Person in charge at the time of inspection:</b> Mrs Rachel Sinnamon	
<b>Categories of care:</b> Independent Hospital (IH) PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources.	
<b>Brief description of how the service operates:</b> Elise Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. Elise Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
<b>Equipment available in the service:</b>  <b>IPL equipment:</b> Manufacturer: Viora Model: V 20 Multi Platform IPL Serial Number: RHAG202512011 Wavelength: 415 nanometre (nm) to 1200 nm  <b>Laser protection advisor (LPA):</b> Mr Irfan Azam (Lasermet)  <b>Laser protection supervisor (LPS):</b> Mrs Rachel Sinnamon  <b>Medical support services:</b> Dr Paul Myers (Lasermet)  <b>Authorised operators:</b> Mrs Rachel Sinnamon and Mrs Denise Watt  <b>Types treatments provided:</b> Hair removal Skin rejuvenation	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 28 August 2021 from 10.30 am to 12.30 pm.

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; authorised operator training; safeguarding; IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of operations in response to the COVID-19 pandemic; the management of clinical records; 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.

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 Elise Clinic.

Posters were issued to Elise Clinic 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 Elise Clinic was undertaken on 16 October 2020; 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 Sinnamon and Mrs Watt are the only individuals who work in Elise Clinic, in respect of the IPL service.

Mrs Sinnamon told us that IPL treatments are carried out by her and Mrs Watt as the authorised operators. The register of authorised operators for the IPL machine reflects that Mrs Sinnamon and Mrs Watt are the only authorised operators.

A review of training records evidenced that Mrs Sinnamon and Mrs Watt 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.

Appropriate staffing levels were in place to meet the needs of clients.

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

Elise Clinic does not employ any staff in respect of the IPL service. However, there were robust recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection. There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Ms Sinnamon confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

The recruitment of authorised operators complies with the legislation and best practice guidance.

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

Ms Sinnamon confirmed that IPL 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 Sinnamon 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.

Review of records demonstrated that Mrs Sinnamon and Mrs Watt have completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

#### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

Mrs Sinnamon and Mrs Watt 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 IPL treatment room was clean and clutter free. Discussion with Mrs Sinnamon 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, Mrs Sinnamon and Mrs Watt 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 Sinnamon who outlined the measures that will be taken by Elise Clinic 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 and access to storage rooms. 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

### 5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

Up to date, local rules were in place which had been developed by the LPA in August 2021. Mrs Sinnamon had advised that the IPL machine had been upgraded since the previous inspection and the local rules reflected this to contain the relevant information about the IPL equipment being used.

The new IPL machine is equipped with a removable hand piece to allow the operator to purchase different handpieces, dependant on the procedure. Mrs Sinnamon stated the clinic have the V20 IPL hand piece only. Mrs Sinnamon was advised should the clinic decide to offer treatments using a different laser hand piece this would require a variation of registration application to be submitted to RQIA for the addition of the following category of care to their registration: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L).

The establishment's LPA completed a risk assessment of the premises during April 2017. Mrs Sinnamon advised that the LPA risk assessment was booked to be undertaken in September 2021. Email confirmation was provided by Mrs Sinnamon on the 10 September 2021 confirming that this visit had been undertaken. Mrs Sinnamon also gave assurance that all recommendations made by the LPA will be addressed when the report is made available to her.

We reviewed the LPA risk assessment of the premises undertaken during April 2017 and noted the issues identified were addressed by the LPS.

Mrs Sinnamon told us that IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner and were due to expire during April 2021. The medical treatment protocols contained the relevant information about the treatments being provided. We advised that the medical treatment protocols must be reviewed annually in keeping with best practice guidance and available in the IPL safety file for inspection at any time. Mrs Sinnamon advised that the medical treatment protocols will be updated in line with the LPA visit to the clinic. Systems are in place to review the medical treatment protocols when due and the delay has been due to the ongoing COVID-19 pandemic.

Mrs Sinnamon, as the LPS has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators Mrs Sinnamon and Mrs Watt had signed to state that they had read and understood the local rules and medical treatment protocols.

When the 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 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 IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a keypad code. Arrangements are in place for the safe custody of the 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. Mrs Sinnamon was aware that the IPL safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use.

Elise Clinic has an IPL register in place. Mrs Sinnamon told us that the register is completed every time the equipment is operated, and 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 IPL equipment in line with the manufacturer's guidance.

It was determined that appropriate arrangements were in place to operate the IPL equipment.

### **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 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 (GP), with their consent, for further information if necessary.

Five 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 Sinnamon 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 storage case.



Mrs Sinnamon 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. Mrs Sinnamon confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

### **5.2.11 How do the registered persons 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 Sinnamon was 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 IPL treatments. 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. Mrs Sinnamon evidenced a good awareness of complaints management.

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

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

## **6.0 Conclusion**

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care; and that the service is well led by the registered persons.

**7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<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 Sinnamon, Registered Person, as part of the inspection process and can be found in the main body of the report.

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