

Announced Care Inspection Report

16 October 2020



Elise Clinic

**Type of Service: Independent Hospital (IH) –
Intense Pulse Light (IPL) Service**
Address: 25 Linenhall Street, Armagh, BT61 9HB
Tel No: 028 3751 1326
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



In respect of cosmetic laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic
- laser and intense pulse light (IPL) safety
- infection prevention and control (IPC)
- organisational governance arrangements
- staff and client feedback
- review of areas for improvement identified during the previous care inspection (if applicable)

2.0 Profile of service

Elise Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments using an intense pulse light (IPL) machine.

Although a wide range of services and treatments are offered in Elise Clinic, this inspection focused solely on those that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

IPL equipment

Manufacturer: Lumenis
 Model: Quantum SR, SA 3501000
 Serial Number: 020-14685
 Wavelength: 560 nanometre (nm) to 1200 nm

Laser protection advisor (LPA)

Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS)

Mrs Rachel Sinnamon

Medical support services

Dr Paul Myers (Lasernet)

Authorised operators

Mrs Rachel Sinnamon
 Mrs Denise Watt

Types of treatment provided

Hair removal
 Skin rejuvenation

3.0 Service details

Organisation/Registered Providers: Mrs Rachel Sinnamon Mrs Denise Watt	Registered Manager: Mrs Rachel Sinnamon
Person in charge at the time of inspection: Mrs Rachel Sinnamon	Date manager registered: 24 February 2018
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

We undertook an announced inspection on 16 October 2020 from 09:50 to 11:30.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing clients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; IPL safety; IPC procedures; and the organisational and governance arrangements.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. We discussed the findings of the inspection with Mrs Sinnamon, Registered Person, as part of the inspection process and these 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 20 June 2019

No further actions were required to be taken following the most recent inspection on 20 June 2019.

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the service. 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 our behalf. Returned completed client questionnaires were analysed prior to the inspection and are discussed in section 6.9 of this report. We invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to us.

We undertook a tour of the premises, met with Mrs Sinnamon, Registered Person and authorised operator; and reviewed relevant records and documents in relation to the day to day operation of the establishment.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2019

The most recent inspection of Elise Clinic was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 June 2019

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

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 consider the risks to their clients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Mrs Sinnamon who outlined the measures taken by Elise Clinic to ensure current best practice measures were in place. We observed that staff practice in relation to the management of COVID-19 was in line with best practice guidance and we determined that, appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 IPL Safety

We reviewed the arrangements in respect of the safe use of the IPL equipment.

We advised Mrs Sinnamon that should the clinic decide to offer aesthetic treatments using a laser machine this would require a variation of registration application to be submitted to RQIA for the addition of the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) to their registration.

We reviewed the IPL safety file and found that it contained most of the information in relation to the IPL machine. Mrs Sinnamon told us that a Laser Protection Advisor (LPA) had been appointed; however the LPA and Medical Support Officer (MSO) appointment certificates on file expired on 19 April 2020. We advised that these appointment certificates must be reviewed annually in keeping with best practice guidance and available in the IPL safety file for inspection at any time. On 26 October 2020, a copy of the LPA and MSO appointment certificates were submitted by email.

We also noted that the most recent LPA risk assessment was undertaken during April 2017. We advised that the appointed LPA should review the risk assessment at least every three years in keeping with Standard 48.11 of the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

We reviewed the LPA risk assessment of the premises undertaken during April 2017 and noted the issues identified have been addressed by the laser protection supervisor (LPS). The LPA has issued correspondence to the clinic informing them that as long as there have been no changes to treatments provided, equipment used or the treatment room then the risk assessment remains valid and will be reviewed as soon as COVID-19 restrictions permit.

We found up to date Local Rules in place which have been developed by the LPA and these contained the relevant information pertaining to the IPL machine being used. Mrs Sinnamon advised that arrangements were in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed that they included the following:

- the potential hazards associated with lasers
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

We confirmed that there are two authorised operators working in the clinic. In accordance with best practice guidance authorised operators must sign and date the authorised operator register. The purpose of signing the register is to confirm that they have read and understood the Local Rules and medical treatment protocols. We reviewed the authorised operator register and evidenced that it had been signed by both authorised operators.

We reviewed the medical treatment protocols produced by Dr Paul Myers during April 2020 and noted they set out the arrangements in relation to the following:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

We confirmed that Mrs Sinnamon is the LPS and has overall on-site responsibility for safety during IPL treatments. The name of the LPS was recorded within the Local Rules. Mrs Sinnamon confirmed that arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

We reviewed training records and found that authorised operators had up to date training in core of knowledge, safe application 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.

We were informed that all other staff employed at the establishment, but not directly involved in the use of the equipment, had received IPL safety awareness training.

We reviewed the IPL register and confirmed that it is maintained each time the IPL machine 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

Mrs Sinnamon told us that an initial consultation is undertaken and clients are asked to complete a health questionnaire. We confirmed that systems are in place to contact the client's general practitioner, with their consent, for further information if necessary.

Paper client care records were retained. We reviewed five client care records and found 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)

One IPL treatment room is available in Elise Clinic. We review the arrangements in relation to this treatment room and noted the room was controlled to protect other persons while treatment was in progress. The door to the treatment room can be locked when the IPL machine is in use but can be opened from the outside in the event of an emergency. We confirmed that the treatment room is a controlled area that is clearly defined and not used for other purposes, or as access to areas when treatment is being carried out.

Mrs Sinnamon advised that all staff are aware that when the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

We observed that the protective eyewear available for the client and operator was as outlined in the Local Rules.

We observed a laser safety warning sign and confirmed the sign is displayed when the IPL is in use and removed when not in use, as described within the Local Rules.

We observed that the Lumenis Quantum SR machine is operated using a key. We reviewed the arrangements in relation to the safe custody of the key and confirmed the arrangements to be satisfactory.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. We reviewed the most recent service reports which were dated 2 September 2020.

We observed that carbon dioxide (CO₂) fire extinguishers suitable for electrical fires were available in the clinic. We confirmed that arrangements are in place to ensure these fire extinguishers will be serviced in keeping with manufacturer's instruction.

Areas of good practice: IPL safety

We reviewed the current arrangements with respect to IPL safety and evidenced good practice that was being actively reviewed.

Areas for improvement: IPL safety

We identified no areas for improvement regarding the management of IPL safety within the establishment.

	Regulations	Standards
Areas for improvement	0	0

6.6 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We confirmed that the establishment had overarching IPC policies and procedures in place which were readily accessible to staff.

In relation to the management of operations in response to the COVID-19 pandemic we observed that staff practice was in line with best practice guidance and we determined that appropriate actions had been taken in this regard.

As discussed we reviewed training records that confirmed both authorised operators had completed IPC training.

Mrs Sinnamon described the arrangements to decontaminate the environment and equipment between clients.

We observed sufficient Personal Protective Equipment (PPE) provision for staff and clients. Mrs Sinnamon displayed good knowledge of when to wear, change and how to don and doff PPE.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.7 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a cosmetic laser service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Mrs Sinnamon was in day to day charge of the clinic, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.8 Equality data

We discussed the arrangements in place regarding 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. Mrs Sinnamon told us that equality data collected was managed in line with best practice.

6.9 Client and staff views

The establishment distributed questionnaires to clients on our behalf and two clients submitted responses to RQIA. Both clients felt their care was safe and effective, that they were treated with compassion and that the service was well led and indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted client responses.

We also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

We identified no areas for improvement during this inspection, and a QIP is not required or included, as part of this inspection report.



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