

Announced Care Inspection Report 31 August 2018



Elise Clinic

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser Service**

Address: 25 Linenhall Street, Armagh BT61 9HB

Tel No: 02837511326

Inspector: Mr Stephen O'Connor

www.rgia.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

Elise Clinic is registered 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: Quatum SR, SA 3501000
 Serial Number: 020-14685
 Wavelength: 560nm to 1200nm

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 Person: 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 January 2018
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 31 August 2018 from 10:00 to 12:00.

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 during and 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 managing medical emergencies; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Three areas for improvement against the standards made during the previous pre-registration care inspection in relation to developing a client guide, providing IPL safety awareness training to staff not directly involved in IPL treatments and developing an advertising policy have not been fully addressed and have been stated for a second time. An additional two areas for improvement against the standards have been made during this inspection. These relate to ensuring all records made in relation to IPL treatments as made using black ink as opposed to pencil and to consult clients in regards to the quality of care and treatment provided.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Rachel Sinnamon, registered person and authorised operator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 16 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent pre-registration care inspection on 16 October 2017.

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
- the returned QIP from the previous care inspection

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 Rachel Sinnamon, registered person and 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

Areas for improvement identified at the last pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 pre-registration care inspection dated 16 October 2017

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 16 October 2017

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
Area for improvement 1 Ref: Regulation 39 Stated: First time	<p>The registered persons shall ensure that all authorised operators have completed the mandatory training listed below prior to providing treatments using the IPL machine:</p> <ul style="list-style-type: none"> • core of knowledge (refresher every five years) • safe use and application training for each type of treatment provided (refresher every five years) • basic life support (refresher annually) • infection prevention and control (refresher every two years) • fire safety awareness (refresher annually) • safeguarding adults (refresher every two years) 	Met
	<p>Action taken as confirmed during the inspection: Certificates confirming that both authorised operators had completed training in infection prevention and control, fire safety awareness and safeguarding adults were reviewed during the inspection. Certificates confirming authorised operators had completed core of knowledge, safe use and application and basic life support training were submitted to RQIA by email on 3 September 2018. Mrs Sinnamon is aware that all authorised operators must complete training as outlined in the RQIA training guidance document for cosmetic laser services.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 39 Schedule 3 Part II 3. (a) (b) (c)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that an IPL register is established. The register must be completed every time 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>It was confirmed that an IPL register has been established. Review of the register evidenced that all the details listed above are recorded in the register. However, it was noted that the information had been recorded in pencil. Mrs Sinnamon was advised that in keeping with the principles of good record keeping information should be recorded using black ink as opposed to pencil. An area for improvement against the standards has been made to address this.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 39 (1) & (2) (d)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the discrepancy noted with the protective eyewear is discussed with the appointed LPA. Any recommendations made by the LPA must be actioned to ensure that the protective eyewear for use by the operator and clients during IPL treatments offers the same level of protection as outlined within the local rules.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mrs Sinnamon confirmed that following the previous inspection the protective eyewear available in the clinic was discussed with the laser protection advisor (LPA), who confirmed that the protective eyewear available was appropriate for use. Mrs Sinnamon also confirmed that the metallic total blocking shields are used and that the disposable eye shields are not used.</p>		

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 1.3 Stated: First time	A client guide should be developed in keeping with regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.	Not met
	Action taken as confirmed during the inspection: It was confirmed that a client guide has not been developed. Following the inspection a model client guide was emailed to Mrs Sinnamon. This area for improvement has not been met and is stated for the second time.	
Area for improvement 2 Ref: Standard 48.13 Stated: First time	All support staff not directly involved in the use of the IPL equipment should complete IPL safety awareness training. A record of this training should be maintained.	Partially met
	Action taken as confirmed during the inspection: Mrs Sinnamon confirmed that she provided all support staff not directly involved in the use of the IPL equipment with IPL safety awareness training. However, this training was not documented and recorded. This area for improvement has been partially addressed and is stated for the second time.	
Area for improvement 3 Ref: Standard 20 Stated: First time	The following issues in relation to hand washing facilities should be addressed: <ul style="list-style-type: none"> • a laminated/wipe clean hand hygiene poster should be displayed near all hand washing facilities • the fabric hand towel in the toilet should be removed in keeping with infection prevention and control best practice and disposable hand towels provided 	Met
	Action taken as confirmed during the inspection: A laminated hand hygiene poster was observed to be displayed near the hand washing sink in the toilet and disposable hand towels were also observed to be available.	

Area for improvement 4 Ref: Standard 1.7 Stated: First time	An advertising policy should be developed. 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.	Not met
	Action taken as confirmed during the inspection: An advertising policy had not been developed. Following the inspection a model advertising policy was forwarded to Mrs Sinnamon by email. This area for improvement has not been addressed and is stated for the second time.	
Area for improvement 5 Ref: Standard 8.5 Stated: First time	The registered persons should complete the Information Commissioner's Office (ICO) online self-assessment to ascertain if they are required to register in keeping with the Data Protection Act 1988.	Met
	Action taken as confirmed during the inspection: Mrs Sinnamon confirmed that she did complete the ICO online self-assessment, the outcome of which was that the clinic was not required to register with the ICO. Mrs Sinnamon was advised that she should complete the self-assessment again as new General Data Protection Regulations (GDPR) were introduced during May 2018.	
Area for improvement 6 Ref: Standard 48.10 Stated: First time	A template should be developed to record the ongoing treatments provided using the IPL machine.	Met
	Action taken as confirmed during the inspection: Five treatment records were reviewed. These were completed to a high standard. As discussed, some treatment records were recorded in pencil and an area for improvement against the standards has been made to address this.	

Area for improvement 7 Ref: Standard 3.1 Stated: First time	The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue with a child should be included in the safeguarding children’s policy.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the onward referral details for the local Health and Social Care Trust have been recorded on the safeguarding policy.	
Area for improvement 8 Ref: Standard 16.11 Stated: First time	The workers concerns policy should include the contact information for external organisations that could support staff to raise concerns about poor practice.	Met
	Action taken as confirmed during the inspection: Review of the workers concern policy evidenced that the contact information for an external organisation that could support staff to raise concerns about poor practice have been included.	

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 Sinnamon, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

Mrs Sinnamon confirmed that should authorised operators be recruited in the future they would complete an induction programme on commencement of employment.

As discussed, a review of training records during and following the inspection 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 and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

As discussed, Mrs Sinnamon confirmed that she provided all other staff employed at the clinic, but not directly involved in the use of the IPL equipment with IPL safety awareness training. However, a record of this training had not been made. An area for improvement against the standards, stated for the second time has been made to address this.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Sinnamon 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.

Safeguarding

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

Mrs Sinnamon 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 all authorised operators have completed training in safeguarding 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.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the 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 10 April 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 11 April 2018. 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 equipment being used.

The establishment's LPA completed a risk assessment of the premises on 11 April 2017 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments 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 IPL equipment 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.

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 key. Arrangements are in place for the safe custody of the 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 equipment is in use and removed when not in use.

The establishment has an 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, it was observed that a pencil had been used to record the information recorded in the IPL register. Mrs Sinnamon was advised that all records relating to IPL treatments should be made using black ink in keeping with good record keeping guidance. An area for improvement against the standards has been made to address this.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of September 2017 was reviewed as part of the inspection process. Mrs Sinnamon confirmed that the IPL machine is scheduled to be serviced again during September 2018.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Mrs Sinnamon confirmed that she was aware 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 Mrs Sinnamon 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, authorised operators have 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to authorised operator training, adult safeguarding, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

IPL safety awareness training for support staff should be recorded.

All records in relation to IPL treatments should be made using black ink.

	Regulations	Standards
Areas for improvement	0	2

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 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.

Five 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)

As discussed, some IPL treatment records had been completed in pencil as opposed to using black ink. An area for improvement against the standards has been made to address this.

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 Sinnamon and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

Mrs Sinnamon was advised that she should complete the Information Commissioners Office (ICO) online self-assessment following the introduction of new GDPR legislation during May 2018.

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.

As discussed an area for improvement made during the previous pre-registration care inspection to develop an advertising policy has not been addressed. This area for improvement has been made for the second time.

Mrs Sinnamon confirmed that any learning from complaints/incidents would be disseminated to staff.

Areas of good practice

There were examples of good practice found in relation to ensuring effective communication between clients and staff.

Areas for improvement

An advertising policy should be developed in keeping with the Advertising Standards Agency guidelines.

	Regulations	Standards
Areas for improvement	0	1

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 Sinnamon, 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 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.

A client satisfaction survey was observed to be in place. Mrs Sinnamon confirmed that following every treatment clients are asked for feedback. Mrs Sinnamon also confirmed that a formal client satisfaction survey has not been undertaken. Mrs Sinnamon was advised that clients should be consulted, at appropriate intervals and that feedback provided by clients used by the service to improve. Results of the consultation should be collated to provide a summary report which is made available to clients and other interested parties. An area for improvement against the standards has been made to address this.

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

Clients should be consulted in regards to the quality of care and treatment received and a report detailing the main findings of the client consultation should be generated.

	Regulations	Standards
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

There was a clear organisational structure within the clinic and Mrs Sinnamon confirmed that the authorised operators are aware of their roles and responsibilities and whom to speak to if they had a concern. There was a nominated individual with overall responsibility for the day to day management of the service.

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. Mrs Sinnamon confirmed that staff were aware of the policies and how to access them.

Discussion with Mrs Sinnamon demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Sinnamon demonstrated a good awareness of complaints management.

Discussion with 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. 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. Mrs Sinnamon confirmed that staff are aware of who to contact if they had a concern.

Mrs Sinnamon, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Sinnamon confirmed that the statement of purpose is kept under review, revised and updated when necessary and available on request. As discussed, an area for improvement made during the pre-registration care inspection to develop a client guide has not been addressed and is stated for the second time.

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

A client guide must be developed.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Sinnamon.

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 clients indicated that they were very satisfied with each of these areas of their care. The following comment was included in s submitted questionnaire response:

- “The treatment I have received has been excellent in terms of outcome and advice given. I’ve always been treated in an excellent manner by the therapists who work in Elise. I’m very satisfied and have recommended the clinic to others.”

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sinnamon, registered person, 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 provider 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, 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 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 provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 August 2018	The registered persons shall ensure that all records relating to Intense Pulse Light (IPL) treatments are made using black ink in keeping with the principles of good record keeping. Ref: 6.2 and 6.4 Response by registered person detailing the actions taken: All records going forward have now been and will be recorded in black ink
Area for improvement 2 Ref: Standard 1.3 Stated: Second time To be completed by: 26 October 2018	A client guide should be developed in keeping with regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.2 and 6.7 Response by registered person detailing the actions taken: A client has now been developed in keeping with regulation
Area for improvement 3 Ref: Standard 48.13 Stated: Second time To be completed by: 26 October 2018	All support staff not directly involved in the use of the IPL equipment should complete IPL safety awareness training. A record of this training should be maintained Ref: 6.2 and 6.4 Response by registered person detailing the actions taken: All support staff have completed safety awareness training and a record of this training has been noted

<p>Area for improvement 4</p> <p>Ref: Standard 1.7</p> <p>Stated: Second time</p> <p>To be completed by: 26 October 2018</p>	<p>An advertising policy should be developed. 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>Ref: 6.2 and 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2018</p>	<p>Response by registered person detailing the actions taken: An advertising policy has now been developed containing all of the relevant information as stated above and keeping within the advertising standards agency.</p> <p>The registered person should ensure that clients are consulted in regards to the quality of care and treatment received and a report detailing the main findings of the client consultation should be generated.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: I will ensure that clients are made aware of the quality of care of the treatment and a report generated</p>

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



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