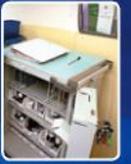


Announced Care Inspection Report 11 March 2019



Caroline Benson Aesthetics Laser and Skin Clinic

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

Address: 30 Belmont Road, Belfast, BT4 2AN

Tel No: 07906674821

Inspector: Elizabeth Colgan

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

This is an Independent Hospital (IH) - Laser/IPL Service.

Laser/IPL equipment:

- Manufacturer: Forma
- Model: Magma
- Serial Number: 70207

Dual IPL and Laser machine

(1) Diode laser- wavelength 805-815nm

Laser protection advisor (LPA):

- Mr Simon Wharmby - Lasersafe

Laser protection supervisor (LPS):

- Ms Caroline Benson

Medical support services:

- Unknown

Authorised operator:

- Ms Caroline Benson

Types of treatment provided:

- IPL – skin pigmentation, vascular, skin rejuvenation, wrinkle reduction
- Laser – hair removal

3.0 Service details

<p>Organisation/Registered Provider: Caroline Benson Aesthetics Laser and Skin Clinic</p>	<p>Registered Manager: Caroline Benson</p>
<p>Responsible Individual: Caroline Benson</p>	
<p>Person in charge at the time of inspection: Caroline Benson</p>	<p>Date manager registered: 06/06/2017</p>
<p>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</p>	

4.0 Inspection summary

An announced inspection took place on 11 March 2019 from 09.50 to 11.10.

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 the 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.

Areas requiring improvement were identified regarding medical treatment protocols and a medical support service, servicing of the laser/IPL equipment, treatment outcomes, a client satisfaction survey, developing a system for the review of urgent communications, safety alerts and notices and ensuring the statement of purpose and client's guide are kept up to date.

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	6

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Benson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. No completed client questionnaires were returned. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

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

During the inspection the inspector met with Caroline Benson, registered person.

The following records were examined during the inspection:

- staffing
- safeguarding

- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to Caroline Benson at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 May 2017

The most recent inspection of the establishment was an announced follow up pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 May 2017

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Ms Benson, confirmed that she is the only employee for Aesthetics Laser and Skin Clinic providing services from Secret Day Spa, Belmont Road, Belfast.

Ms Benson confirmed that she is the only authorised operator for laser/IPL treatments.

A review of training records evidenced that Ms Benson has up to date training in core of knowledge training, 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.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Benson confirmed that should staff 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.

Safeguarding

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

Ms Benson was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that Ms Benson had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that Ms Benson 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 policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to 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 20 February 2020.

The medical treatment protocols were produced by Lasermet in 2017; however Ms Benson has not renewed this agreement. Ms Benson should provide evidence that the medical treatment protocols have been reviewed in the last year and that she has a medical support service in place. An area for improvement against the standards was made.

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 all recommendations made by the LPA have been addressed.

Ms Benson the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments. Ms Benson has 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.

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 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

Ms Benson confirmed that there are arrangements in place to service and maintain the laser/IPL equipment in line with the manufacturer's guidance. The most recent service report was not available to review as part of the inspection process. Ms Benson was asked to forward the certificate for the servicing of the laser by electronic mail to RQIA. The certificate has not been received therefore an area for improvement against the standards has been made.

Management of medical emergencies

As discussed, Ms Benson has up to date training in basic life support. Discussion with her confirmed that she was 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 Ms Benson 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, the authorised operator 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.

Areas of good practice

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

Areas for improvement

To provide evidence that the medical treatment protocols have been reviewed in the last year and that a medical support service is in place.

The most recent service report for the laser/IPL equipment should be available to review as part of the inspection process.

	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 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.

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)

The record of treatment delivered including number of shots and fluence settings should be further developed to include outcomes of treatment. An area for improvement has been made against the standards.

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 Ms Benson 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.

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.

Areas of good practice

There were examples of good practice found in relation to ensuring effective communication with her clients.

Areas for improvement

The record of treatment delivered should be further developed to include outcomes of treatment.

	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 Ms Benson 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.

Client satisfaction surveys have not been carried out by the establishment. Ms Benson agreed to undertake these and to ensure that the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if required. An area for improvement against the standards has been made.

No completed client questionnaires were returned to RQIA.

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

A client satisfaction survey should be carried out annually and a summary report made available to clients.

	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

Ms Benson is the only authorised operator, she was able to describe her role and responsibilities. Ms Benson has overall responsibility for the day to day management of the service.

Policies and procedures were available outlining the arrangements associated with laser/IPL treatments, these were devised by Lasermet. Ms Benson agreed to change these to belong to the clinic.

Discussion with Ms Benson demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Benson demonstrated good awareness of complaints management.

Discussion with Ms Benson 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 not in place to ensure that urgent communications, safety alerts and notices are reviewed. An area for improvement against the standards has been made.

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 Ms Benson.

Ms Benson demonstrated a clear understanding of her role and responsibility in accordance with legislation. Discussion with Ms Benson confirmed that the statement of purpose and client’s guide need to be updated to ensure all relevant details are included. An area for improvement against the standards has been made

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, management of complaints and incidents, and maintaining good working relationships.

Areas for improvement

A system should be developed to ensure that urgent communications, safety alerts and notices are reviewed.

The statement of purpose and client’s guide should be updated.

	Regulations	Standards
Areas for improvement	0	2

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 Ms Benson.

6.9 Client and staff views

No completed client questionnaire responses were returned to RQIA.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Caroline Benson, 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 and 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 48.3 and 48.4 Stated: First time To be completed by: 11 April 2019	The registered person shall ensure that the medical treatment protocols have been reviewed in the last year and that a medical support service is in place. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 2	The registered person shall ensure that the most recent service report for the laser/IPL equipment is available to review as part of the

<p>Ref: Standard 48.20</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>inspection process.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that the record of treatment delivered is further developed to include outcomes of treatment.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that a client satisfaction survey is carried out annually and a summary report made available to clients.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that a system is developed to ensure that urgent communications, safety alerts and notices are reviewed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16.6 and 16.8</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that the statement of purpose and client guide is updated to reflect to the service and be in accordance to legislation and best practice guidance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon. If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)