

Announced Care Inspection Report 27 September 2019



The Laser Clinic NI

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

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Inspector: Carmel McKeegan

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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

The Laser Clinic NI is an Independent Hospital (IH) – Cosmetic Laser service which provides laser hair removal.

Laser equipment:

- Manufacturer: Asclepion
- Model: MeDioStar NeXT PRO
- Serial Number: 159103816
- Laser Class: Class 4
- Wavelength: 755-950nm

Laser protection advisor (LPA): Ms Anna Bass (Lasernet)

Medical support services: Dr Paul Myers

Laser protection supervisor (LPS): Miss Judith Laverty

Authorised operators: Miss Judith Laverty and Ms Donna Murphy

Type of treatments provided: Laser hair removal

3.0 Service details

<p>Organisation/Registered Provider: Miss Judith Laverty t/a The Laser Clinic Northern Ireland</p> <p>Responsible Individual: Miss Judith Laverty</p>	<p>Registered Manager: Miss Judith Laverty</p>
<p>Person in charge at the time of inspection: Miss Judith Laverty</p>	<p>Date manager registered: 29 November 2017</p>
<p>Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers</p>	

4.0 Inspection summary

An announced inspection took place on 27 September 2019 from 14.00 to 15.30.

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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Two areas requiring improvement against the regulations have been stated for a second time; one area is relation to two missing recruitment records for a new authorised operator and the other area relates to the failure to have an AccessNI enhance disclosure check completed prior to commencement of employment for the new authorised operator. Miss Laverty was advised that areas for improvement cannot be stated for a third time and that any further breach of Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 in respect of the provision of recruitment records may result in enforcement action being taken.

One area for improvement was made against the standards to ensure an area identified in the laser protection advisor's (LPA)'s action plan resulting from the site visit audit on 23 September 2019, is addressed.

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	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Judith Laverty, responsible individual and an authorised operator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 27 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2018.

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 staff questionnaires were received by RQIA.

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

During the inspection the inspector met with Miss Judith Laverty, responsible individual and authorised operator, who facilitated the inspection, the inspector also met briefly with an authorised operator who was attending to clients.

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 care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Miss Laverty at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the establishment was an announced 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 27 September 2018

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 19 (2) Schedule 2, as amended Stated: First time	<p>The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the newly recruited authorised operator and for any new authorised operators recruited in the future.</p>	Not Met
	<p>Action taken as confirmed during the inspection: Miss Lavery confirmed that one new authorised operator had been appointed since the previous inspection. Review of the new authorised operator’s recruitment records confirmed that in the main, the required documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was in place. It was identified that photographic identification was not provided and a criminal conviction declaration had not been completed. Miss Lavery readily agreed to provide both items. On 30 September 2019 RQIA received an email supported with pictorial evidence which verified that the identified areas had been addressed and that these documents were in place.</p> <p>The area for improvement had not been met and is stated for a second time.</p>	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified authorised operators, confirmation of this should be provided to RQIA upon return of this QIP.</p>	Not Met
	<p>Action taken as confirmed during the inspection: Following the previous inspection RQIA had received verification that an AccessNI</p>	

	<p>enhanced disclosure check had been completed for the previous identified authorised operators.</p> <p>During this inspection it was identified that an AccessNI was not in place for the new authorised operator who had commenced employment in March 2019. Miss Laverty stated that an application had been made in April 2019 through an umbrella body with whom she had maintained regular contact in attempt obtain the AccessNI enhanced disclosure check. Miss Laverty stated that the new authorised operator had been supervised at all times during the induction and training period. It was noted that the new authorised operator completed her training in August 2019.</p> <p>Miss Laverty was advised that the authorised operator could not provide laser treatments unsupervised until an AccessNI enhanced disclosure check certificate was provided to Miss Laverty confirmed as satisfactory.</p> <p>On 30 September 2019, RQIA received confirmation by email that an AccessNI enhanced disclosure certificate had been received by Miss Laverty for the new authorised operator, which was satisfactory. RQIA acknowledged this information and reminded Miss Laverty of the required information to be retained in respect of AccessNI checks.</p> <p>The area for improvement had not been met and is stated for a second time.</p>	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record of induction is completed for all new authorised operators.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records confirmed that an induction record had been completed for the new authorised operator.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is implemented for appraising staff performance at least on an annual basis and a record retained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that authorised operators had received an appraisal within the previous 12 months. Miss Lavery stated staff appraisals will be undertaken annually.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 3.8 and 3.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that authorised operators undertake training in the safeguarding of adults at risk of harm as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training records were in place which confirmed that all authorised operators had completed level 2 training in in the safeguarding of adults at risk of harm.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 5.1 and 5.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a client satisfaction consultation process is undertaken annually, the findings should be collated in a summary report in an anonymised format. The summary report should be made available to clients and other interested parties.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Miss Lavery and review of records confirmed that a client satisfaction survey had been undertaken and summative report was available.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Discussion with Miss Laverty, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Miss Laverty confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser equipment provided is maintained and kept up to date.

Discussion with Miss Laverty and review of documentation evidenced that one authorised operator has commenced employment since the previous inspection. Review of records evidenced that the newly recruited authorised operator had completed an induction programme. Additional information in regards to the recruitment of this authorised operator can be found in the recruitment section below.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, infection prevention and control, basic life support, fire safety awareness and protection of adults at risk of harm.

No support staff are employed in the establishment. Miss Laverty is aware that should support staff be employed in the future they must undertake laser safety awareness training.

Recruitment and selection

As discussed, Miss Laverty confirmed that one new authorised operator had been appointed since the previous inspection. Review of the new authorised operator's recruitment records confirmed that not all of the required documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was in place. It was identified that photographic identification was not provided and a criminal conviction declaration had not been completed. Miss Laverty stated that this was an oversight and readily agreed to provide both items. On 30 September 2019 RQIA received an email supported with pictorial evidence which verified that the identified areas had been addressed. An area for improvement against the regulations has been made for a second time in this regard.

It was also identified that an AccessNI was not in place for the new authorised operator who had commenced employment in March 2019. Miss Laverty stated that an application had been made in April 2019 through an umbrella body with whom she had maintained regular contact in attempt obtain the AccessNI enhanced disclosure check. Miss Laverty stated that the new authorised operator had been supervised at all times during the induction and training period. It was noted that the new authorised operator completed her training in August 2019.

Miss Laverty was advised that the authorised operator could not provide laser treatments unsupervised until an AccessNI enhanced disclosure check certificate was provided to Miss Laverty and confirmed as satisfactory.

On 30 September 2019, RQIA received confirmation by email that an AccessNI enhanced disclosure certificate had been received by Miss Laverty for the new authorised operator, which was satisfactory. RQIA acknowledged this information and Miss Laverty was reminded of the required information to be retained in respect of AccessNI checks. Miss Laverty was advised that AccessNI enhanced disclosure checks must be sought and reviewed prior to any authorised operators commencing work in the future. An area for improvement against the regulations has been made for a second time in this regard.

Miss Laverty was advised that any further breach of The Independent Health Care Regulations (Northern Ireland) 2005 in relation to the provision of the required recruitment records could result in enforcement action being taken by RQIA.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. We emphasised to Miss Laverty that the recruitment policy and procedure must be followed to ensure all required records are in sought and retained for any new authorised operator in the future.

Safeguarding

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

Miss Laverty was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Miss Laverty confirmed that staff are aware of who the nominated safeguarding lead is within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. Review of records demonstrated that Miss Laverty, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

A policy and procedures were in place for the safeguarding and protection of adults 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. 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 safety

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

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and is valid for five years and is dated 31 March 2017. Miss Laverty stated that the LPA completes an annual site audit and the most recent site audit visit took place on 23 September 2019. The site audit report had not yet been provided and it was agreed that the LPA report and risk assessment would be provided to RQIA by email following the inspection.

On 25 October 2019 RQIA received a copy of the LPA's site audit report and risk assessment pertaining to the site visit undertaken on 23 September 2019. The risk assessment included an action list which identified one area to be addressed. However there was no evidence to verify that this had been actioned. An area for improvement against the standards has been made in this regard.

Local rules were in place in the establishment which had been developed by the LPA. The LPA's risk assessment undertaken on 23 September 2019 verified that the local rules had been reviewed during the site audit visit and contained the relevant information pertaining to the laser equipment being used.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers and are due to expire in November 2019. 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.

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

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser 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 a laser 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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of 17 January 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Miss Laverty evidenced 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 Miss Laverty 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.

Arrangements are in place for maintaining the environment; records of servicing and maintenance were available in respect of portable appliance testing and the firefighting equipment.

Areas of good practice

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

Areas for improvement

All of the required documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be in place for the newly recruited authorised operator and for any new authorised operators recruited in the future.

Ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future.

The issue identified in the LPA's risk assessment action plan, dated 23 September 2019, should be addressed by the LPS and the action plan signed and dated in this regard.

	Regulations	Standards
Areas for improvement	2	1

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 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.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Audits

Discussion with Miss Laverty confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Miss Laverty confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structure.

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 the management of clinical records and ensuring effective communication between clients and the authorised operator.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with the Miss Laverty 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 locked filing cabinet within a locked room.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate. Review of the summary report within the establishment found that clients were highly satisfied with the quality of treatment, information and care received. Miss Laverty was advised to include the date of when the client satisfaction survey was undertaken.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 establishment and Miss Laverty confirmed authorised operators were aware of their roles and responsibilities and who to speak to if they had a concern. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Miss Laverty is in day to day charge of the establishment, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the clients's guide and information on display in the establishment.

Review of documentation and discussion with Miss Lavery evidenced that no complaints have been received since the previous inspection. It was evidenced that appropriate arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Discussion with Miss Lavery 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. Miss Lavery confirmed that the authorised operators are aware of who to contact if they had a concern.

Miss Lavery, responsible individual and registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Miss Lavery provided assurance that the establishment's recruitment procedure will be followed diligently for the appointment of any new authorised operators.

Information requested by RQIA has been submitted within specified timeframes. Miss Lavery confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

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 Miss Laverty.

6.9 Client and staff views

Seven clients submitted questionnaire responses to RQIA. All seven 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 also indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- 'Great care and treatment.'
- 'The treatment is always given with so much care and attention. XXXXX is so knowledgeable and gives so much information and knows all about the treatments. She is always professional and friendly.'

RQIA also invited staff to complete an electronic questionnaire, no 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 Miss Judith Laverty, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered person /registered 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: Second time To be completed by: 27 September 2019	<p>The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the newly recruited authorised operator and for any new authorised operators recruited in the future.</p> <p>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: All future recruitment will follow the documentation outline in schedule 2 of the independent health care regulations, I will follow this up with my inspector so I can have a copy of the schedule on hand for future employments</p>
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: Second time To be completed by: 27 September 2019	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified authorised operators, confirmation of this should be provided to RQIA upon return of this QIP.</p> <p>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Access NI enhanced disclosure check has been forwarded to the RQIA</p>
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48 Stated: First time	<p>The registered person should ensure that the issue identified in the LPA's risk assessment action plan, dated 23 September 2019, is addressed by the LPS and the action plan signed and dated in this regard.</p>

To be completed by: 27 November 2019	Ref: 6.4
	Response by registered person detailing the actions taken: In contact with the lps to action plan this.



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