

Inspection Report

31 May 2024



Urban Beauty and Skincare Clinic

Type of service: Independent Hospital - Cosmetic Laser

Address: 33a-33b Comber Road, Belfast, BT16 2AA

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Providers: Mrs Helen Alcorn-Hayes Mrs Lesley Alcorn	Registered Manager: Mrs Helen Alcorn-Hayes Date registered: 9 October 2019
Person in charge at the time of inspection: Mrs Helen Alcorn-Hayes	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Urban Beauty & Skincare Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. Urban Beauty & Skincare Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Equipment available in the service: Laser equipment: Manufacturer: Cynosure Model: Elite Plus Serial Number: ELM+ 1065 Laser Class: 4 Wavelength: 1064nm Types of laser treatments provided: Vascular Hair Removal Skin rejuvenation Pigmented lesions	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 31 May 2024 from 10.30 am to 12.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Two areas for improvement have been identified against the regulations in relation to recruitment and selection of staff. These are discussed further in section 5.2.2.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys undertaken by Urban Beauty & Skincare Clinic. All clients indicated that they were very satisfied with the care and treatment provided.

Posters were issued to by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Urban Beauty & Skincare Clinic was undertaken on 7 February 2023; no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mrs Alcorn-Hayes told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Alcorn-Hayes confirmed that laser treatments are only carried out by authorised operators. A register of authorised for the laser is maintained and kept up to date.

Authorised operators are required to have up to date training in core of knowledge, safe applications training for the equipment in use, basic life support, infection prevention and control (IPC), fire safety awareness and safeguarding adults at risk of harm, in keeping with RQIA's training guidance.

Training records for authorised operators were reviewed. Some of the training records for authorised operators were not available to review during the inspection. This was discussed with Mrs Alcorn-Hayes and following the inspection, training records were submitted to RQIA to confirm that all of the authorised operators had undertaken training in keeping RQIA training guidance. Advice was given to Mrs Alcorn-Hayes to ensure that training records are retained for all authorised operators and Mrs Alcorn-Hayes agreed to action this.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

As a result of the actions taken following the inspection, it was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators.

One new authorised operator had been recruited since the previous inspection. During the inspection it was identified that not all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 had been sought and retained in respect of the

newly recruited authorised operator. There was also no evidence that an enhanced AccessNI disclosure check had been undertaken prior to commencement of employment. This was discussed with Mrs Alcorn-Hayes and on 3 July 2024 RQIA received confirmation that an enhanced AccessNI disclosure had been received for the identified authorised operator. Mrs Alcorn-Hayes was advised to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new authorised operators recruited in the future. Two areas for improvement against the regulations have been made in this regard.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mrs Alcorn-Hayes confirmed that following discussion she had a clearer understanding of the legislation and best practice guidance in relation to recruitment and selection.

Addressing the areas for improvement as outlined above will ensure that the recruitment of authorised operators in the future complies with the legislation and best practice guidance.

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

Mrs Alcorn-Hayes stated that laser treatments are not provided to persons under the age of 18 years.

A policy and procedure was 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with authorised operators confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs Alcorn-Hayes, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a 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 available for reference.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

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

All authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency. There was a written protocol in place for dealing with recognised medical emergencies. As discussed previously, authorised operators had up to date training in basic life support.

It was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser treatment room was clean and clutter free. Discussion with authorised operators 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 had up to date training in IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

The management of operations to minimise the risk of COVID-19 transmission was discussed with Mrs Alcorn-Hayes who outlined the measures taken by Urban Beauty & Skincare Clinic to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

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.

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

5.2.8 How does the service ensure that laser procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser 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 15 August 2024.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during October 2023 however, it was identified that not all recommendations made by the LPA had been signed off by Mrs Alcorn-Hayes who is the laser protection supervisor (LPS). This was brought to the attention of Mrs Alcorn-Hayes, who was advised to review outstanding actions, and sign and date to confirm that actions have been addressed. Following the inspection, evidence of completed actions was submitted to RQIA.

Mrs Alcorn-Hayes confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during August 2024. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Alcorn-Hayes, as the LPS has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had 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 reviewed. The controlled area is clearly defined. It was identified however, that the door to the treatment room could not be locked when the laser equipment was in use. Access therefore could not be controlled to protect other persons while laser treatment was in progress. Mrs Alcorn-Hayes assured RQIA that the laser safety warning signs are displayed when the laser equipment is in use. Advice was given to Mrs Alcorn-Hayes to install a new door lock as a matter of urgency. On 21 June 2024, photographic evidence was shared with RQIA confirming that a new lock had been installed in the treatment room door which also allowed it to be opened from the outside in the event of an emergency.

The laser machine is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The clinic has a laser register. Mrs Alcorn-Hayes told us that authorised operators complete the relevant section of the register every time the equipment is operated.

The register reviewed included:

- 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 the laser was reviewed.

As a result of the actions taken following the inspection, it was determined that appropriate arrangements were in place to operate the laser equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Mrs Alcorn-Hayes confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes.

The service 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 each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Two electronic client care records were reviewed. There was an accurate and up to date treatment record for each client which included:

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

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

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mrs Alcorn-Hayes regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments are 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.

Mrs Alcorn-Hayes told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Mrs Alcorn-Hayes confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

A review of the most recent client satisfaction report dated June 2024 found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.11 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Alcorn-Hayes was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance. The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Alcorn-Hayes confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Alcorn-Hayes confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mrs Alcorn-Hayes demonstrated a clear understanding of her role and responsibility in accordance with legislation and confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was displayed in a prominent place.

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

5.2.12 Does the service have suitable arrangements in place to record equality data?

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

6.0 Quality Improvement Plan/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](#)

	Regulations	Standards
Total number of Areas for Improvement	2	0

Findings of the inspection were discussed with Mrs Alcorn-Hayes, Registered Person, as part of the inspection process and can be found in the main body of the report.

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: First time	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new authorised operators recruited in the future. Ref: 5.2.2

To be completed by: 31 May 2024	Response by registered person detailing the actions taken: I have created a recruitment checklist based on schedule 2 of the 2005 IHC regulations which will be used henceforth for the recruitment of any new authorised operators in my establishment. This includes information relating to the date of the received enhanced AccessNI check as part of the pre-employment assurances. The recruitment information for any new authorised operator will be compiled and held electronically on my personal laptop which will be made available for any future inspections. Helen
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 31 May 2024	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: I have acquired the Enhanced AccessNI for Cynthia Lim Helen

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



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