

# Inspection Report

8 September 2023



## B.Aesthetics Ltd

Type of service: Independent Clinic (IC) – Private Doctor Service  
Address: 49 Lockview Road, Stranmillis, Belfast, BT9 5FJ  
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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

<b>Organisation/Registered Provider:</b> B.Aesthetics Ltd	<b>Registered Manager:</b> Dr Bonny Armstrong
<b>Responsible Individual:</b> Dr Bonny Armstrong	<b>Date registered:</b> 4 July 2022
<b>Person in charge at the time of inspection:</b> Dr Bonny Armstrong	
<b>Categories of care:</b> Private Doctor (PD)	
<b>Brief description of how the service operates:</b> B.Aesthetics Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. A PD is a medical practitioner who does not have a substantive post in the Health and Social Care (HSC) sector in Northern Ireland (NI) or is not on the General Practitioner (GP) performers list in NI  B.Aesthetics Ltd also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on the arrangements for providing PD services that fall within regulated activity and the category of care for which the establishment is registered.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 8 September 2023 from 10.00 am to 1.45 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 patient safety in respect of staffing; recruitment and selection of staff; staff training; safeguarding; infection prevention and control (IPC); the environment and the adherence to best practice guidance in relation to COVID-19. Other examples included the management of the clients' care pathway; communication; records management and governance arrangements.

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.

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**

Posters were issued to B.Aesthetics Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

17 clients submitted a completed questionnaire. The client responses indicated that they felt care was safe and effective, that clients were treated with compassion and that the service was well led. All respondents also indicated that they were very satisfied with each of these areas of care. A number of client's responses included positive comments regarding their appreciation of the treatment they had received at the clinic and the welcoming and professional approach of the team.

### **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 B.Aesthetics Ltd was undertaken on 1 June 2022; 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?

Discussion with Dr Armstrong and review of the clinic's statement of purpose and client guide documents, confirmed that a range of treatments are provided. As previously stated this inspection focused solely on the arrangements for providing the PD services.

The staffing arrangements in respect of B.Aesthetics Ltd were reviewed. As previously discussed a medical practitioner is considered to be a wholly PD if they do not have a substantive post in the HSC sector in NI or is not on the GP performers list in NI. Dr Armstrong confirmed that she is the sole PD working in B.Aesthetics Ltd.

A review of the details of Dr Armstrong's records evidenced the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Dr Armstrong confirmed that she is aware of her responsibilities under GMC Good Medical Practice.

Dr Armstrong is supported by a team of other professionally qualified staff; two of whom support the PD led service as specially trained injectors.

A review of training records evidenced that Dr Armstrong and both injectors had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with the RQIA training guidance. It was also confirmed that all other staff working in B.Aesthetics Ltd had also completed training in areas as outlined above.

A review of completed induction programmes evidenced that induction training is provided to all new staff on commencement of employment. Records reviewed demonstrated that there was a robust process in place to ensure that all staff received appropriate training to fulfil the duties of their role.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have a professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of clients.

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

There was a recruitment policy and procedure available that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the establishment.

No new PDs have been recruited since the previous inspection. It was confirmed that should any PDs be recruited in the future, adherence to the recruitment policy would 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. Dr Armstrong also confirmed that should any new staff be appointed to support the PD led service, that recruitment documentation would be retained in keeping with the recruitment policy.

Registered establishments are required to maintain a staff register. A review of the staff register confirmed that it was up to date and included all staff involved with delivery of the PD led service.

There were robust recruitment and selection procedures in place that adhered to 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?**

A policy and procedure was in place for the safeguarding and protection of children and 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. The relevant contact details were included for onward referral to the local HSC Trust should a safeguarding issue arise.

Discussion with Dr Armstrong demonstrated that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A review of training records evidenced that all staff had received training in safeguarding of adults, as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was confirmed that Dr Armstrong, as the safeguarding lead, had completed formal two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016). As previously discussed all staff had undertaken safeguarding adults at risk of harm training.

Dr Armstrong confirmed that a copy of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and a copy of the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015) were available for reference.

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?**

A policy and procedure on dealing with medical emergencies was in place that included the procedure for resuscitation in the event of a cardiac event.

Emergency medication and equipment was in place, as outlined in the clinic's policy. It was noted that arrangements were in place to ensure the emergency medicines were stored safely and securely and in accordance with the manufacturer's instructions. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

Dr Armstrong demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A review of records confirmed that Dr Armstrong and both injectors had completed refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in place to manage a medical emergency should it arise.

#### **5.2.5 How does the service ensure that it adheres to infection prevention and control 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. Dr Armstrong and both injectors had completed refresher training in IPC in keeping with RQIA [training guidance](#).

Review of the premises noted that the clinic was clean, tidy and uncluttered. All areas of the clinic reviewed were fully equipped to meet the needs of clients. It was confirmed that the consultation rooms had hand washing facilities, adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available.

Cleaning schedules and records were in place and a monthly cleaning audit is undertaken with the results shared with all relevant staff.

Dr Armstrong confirmed that no reusable medical devices requiring decontamination are used in the establishment.

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?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Dr Armstrong who outlined the measures taken by B.Aesthetics Ltd to ensure current best practice measures are in place.

Dr Armstrong advised that clients attend the clinic for face to face consultations; these visits are pre-arranged and by appointment only to ensure the risk of cross contamination is reduced as far as possible.

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

### **5.2.7 How does the service ensure the environment is safe?**

The establishment was found to be clean, tidy and well maintained. Dr Armstrong confirmed that arrangements for maintaining the environment were in place.

The most recent fire risk assessment had been undertaken during February 2023.

A review of training records evidenced that fire safety awareness training had been completed by all staff in the clinic. It was confirmed that the staff were aware of the action to take in the event of a fire.

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

### **5.2.8 Are records being effectively managed?**

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Dr Armstrong confirmed that she and both injectors were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The patient pathway was discussed with Dr Armstrong who stated that a record is retained of their clients who attend B.Aesthetics Ltd.

It was confirmed that Dr Armstrong is responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. Dr Armstrong advised that the clinical records pertaining to private consultations were available on an electronic software system. It was demonstrated that all clients' clinical records are stored securely and can be located if required.

The establishment is registered with the Information Commissioner's Office (ICO).

Discussion with Dr Armstrong and review of the management of records policy confirmed that clients 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.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

### **5.2.9 How does the service ensure that clients are treated with dignity and respect and are involved in the decision making process?**

Discussion with Dr Armstrong regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments are provided in consultation rooms with Dr Armstrong and the patient present. If required, information is provided to the patient in verbal and written form during their consultation to allow clients to make choices about their care and treatment and provide informed consent.

B.Aesthetics Ltd obtains the views of clients on a formal and informal basis as an integral part of the service they deliver. Clients are asked for their comments in relation to the quality of treatment provided, information and care received. The information received from patient feedback questionnaires was collated into a summary report and made available to clients and other interested parties. A review of the most recent patient satisfaction survey evidenced that clients were very satisfied with the quality of treatment, information and care received. An action plan had been developed to address any areas of learning identified as an outcome of the patient satisfaction survey.

Appropriate measures are in place to treat clients with dignity and respect and to ensure they have sufficient information to make informed decisions.

### **5.2.10 Are robust arrangements in place regarding organisational and medical governance?**

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

The only mechanism for a clinician to work in a registered independent clinic is either under a practising privileges agreement or through direct employment by the establishment.



Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005.

A policy and procedure for the granting, review and withdrawal of practicing privileges agreements was in place.

It was confirmed that as Dr Armstrong is a director of B.Aesthetics Ltd and is directly employed, a practising privileges agreement is not required.

Review of the proposed complaints policy and procedures evidenced that they had been developed in accordance with the relevant legislation and Department of Health (DoH) guidance on complaints handling; [Health and Social Care Complaints Procedure \(Revised April 2023\)](#). Clients and/or their representatives were made aware of how to make a complaint by way of the clients' guide. Dr Armstrong confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. There had been no complaints made regarding the regulated service since the previous inspection. 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. Dr Armstrong demonstrated good knowledge regarding how to respond to complaints.

It was evidenced that arrangements were in place to review risk assessments and a risk management register is maintained and reviewed by Dr Armstrong on a regular basis. As previously discussed, arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to clients at appropriate intervals.

The results of audits are analysed and if required, an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A system was also 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.

Insurance documents were available for inspection and confirmed that professional indemnity and public and employer's liability insurance was in place.

A robust system was in place to ensure that notifiable events would be investigated and reported to RQIA or other relevant bodies as appropriate. Dr Armstrong outlined the process for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity.

Review of minutes of meetings confirmed that the Board of Directors undertakes the Medical Advisory Committee (MAC) function for the establishment. The MAC reviews the latest key performance indicators and audit findings within the establishment.

Policies and procedures were available for staff reference. A system was in place to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

Dr Armstrong demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Dr Armstrong told us that the Statement of Purpose and Client's Guide were kept under review, revised and updated when necessary and were available to clients on request.

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

It was determined that appropriate arrangements were in place to ensure the responsible individual assures themselves of the quality of the services provided.

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

The arrangements in relation to the equality of opportunity for clients and the importance of being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Dr Armstrong who told us that equality data is collected and managed in line with best practice.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Armstrong, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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