

Inspection Report

20 September 2023



Array Aesthetics

Type of service: Independent Clinic (IC) – Private Doctor Service
Address: 665 Lisburn Road, Belfast BT9 7GT
Telephone number: 028 9457 1840

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: CE Vend Ltd Responsible Individual: Dr Christopher Hutton	Registered Manager: Dr Christopher Hutton Date registered: 31 August 2022
Person in charge at the time of inspection: Dr Christopher Hutton	
Categories of care: Independent clinic (IC) Private doctor services (PD)	
Brief description of the accommodation/how the service operates: Array Aesthetics is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. A private doctor (PD) is a medical practitioner who is not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) or is not on the General Practitioner (GP) performers list in NI. Array Aesthetics 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 20 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 client safety in respect of the 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; and records managements.

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.

Three areas for improvement have been identified. One area for improvement has been made against the regulations to ensure private doctors have an annual appraisal undertaken and their appraisal documentation is retained and made available for inspection. Two areas for improvement has been identified against the standards; to ensure the policy and procedure on

dealing with medical emergencies is further developed and to develop and implement an incident policy and procedure.

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 Array Aesthetics by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

No completed staff or client questionnaires were received 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 Array Aesthetics was undertaken on 24 August 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 Hutton 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 PD services.

The staffing arrangements in respect of Array Aesthetics were reviewed. As previously discussed a medical practitioner is considered to be a wholly PD if they are not affiliated with the HSC sector in NI or is not on the GP performers list in NI. Dr Hutton confirmed that he and one other PD work in Array Aesthetics.

In accordance with legislation and to evidence that robust medical governance arrangements are in place, services must retain evidence of the following for any PD:

- 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 (RO)
- arrangements for revalidation

A review of both PD's files confirmed the information listed above was in place for each PD with the exception of a copy of the annual appraisal for each PD. This was discussed with Dr Hutton. An area for improvement has been made against the regulations to ensure private doctors have an annual appraisal undertaken and that their appraisal documentation is retained and available for inspection.

Dr Hutton confirmed that both PDs are aware of their responsibilities under GMC Good Medical Practice.

The PD service is supported by a team of other professionally qualified staff; two of whom are specially trained injectors.

A review of training records evidenced that both PDs and one of the injectors had completed basic life support, IPC, fire safety awareness, safeguarding adults at risk of harm training and medicine management, in keeping with the RQIA training guidance. It was identified that fire safety refresher training was being completed every two years rather than annually in keeping with legislation and the RQIA training guidance. Dr Hutton confirmed that moving forward all staff would complete fire safety refresher training annually. Training records were not in place for one of the injectors to confirm they had completed training in IPC, safeguarding adults at risk of harm training and medicine management. This was discussed with Dr Hutton who confirmed this training had been completed and the relevant training records will be retained as for all other staff involved with the PD led services.

We discussed the role of the injector administering the medication as prescribed by the PD, and advice was provided to ensure a process is in place to record the injector competencies in this area. Dr Hutton confirmed that all injectors complete injector training provided by Array Aesthetics training academy.

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 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 Hutton 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 this did not include the two PDs or the leaving dates for one staff member. This was discussed with Dr Hutton and following the inspection RQIA received a copy of the updated staff register which included the required details of all the staff involved in the 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 Hutton demonstrated that he 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 Hutton, 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).

Dr Hutton 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 review of the policy and procedure on dealing with medical emergencies identified that this should be further developed to include detail of the following: the training arrangements; the provision of emergency medicines and equipment and where these are held; the checking arrangements to ensure emergency medicines and equipment are replaced prior to exceeding their expiry date; how to summon help, the incident documentation to be completed and the process of staff debriefing following an emergency event should this occur. Dr Hutton was receptive to this advice. An area for improvement has been made against the standards to ensure the policy and procedure on dealing with medical emergencies is further developed and implemented.

Dr Hutton informed us that the PDs had undertaken a risk assessment to agree on the emergency medication and equipment to be retained in the clinic. It was evidenced that emergency medicines and equipment were available in accordance with the clinic's risk assessment. 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 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 Hutton demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

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

The further development of the policy and procedure on dealing with medical emergencies will strengthen the arrangements in place to safely 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 Hutton and staff 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.

A discussion took place regarding the management of clinical waste bags and Dr Hutton was advised that clinical waste bags should only be three quarter filled prior to closure. Following the inspection RQIA received confirmation that this information was now included in the practice waste management procedures.

Dr Hutton 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 Hutton who outlined the measures taken by Array Aesthetics to ensure current best practice measures are in place.

Dr Hutton 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 Hutton 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. As previously discussed fire safety refresher training was being completed every two years rather than annually in keeping with legislation and the RQIA training guidance. RQIA were provided with assurance that fire safety training will be completed annually by all staff.

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 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 Hutton confirmed that the PDs and staff were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The client pathway was discussed with Dr Hutton who stated that a record is retained of all clients who attend Array Aesthetics.

It was confirmed that the PDs are responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. Dr Hutton 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. It was suggested that consideration is given to undertake an audit of clinical records to ensure compliance with best practice. Dr Hutton was receptive to this advice and following the inspection RQIA received a copy of the template to be used by the PDs and injectors when completing clinical record audits.

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

Discussion with Dr Hutton 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 Hutton 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 the PD and the client present. If required, information is provided to the client in verbal and written form during their consultation to allow clients to make choices about their care and treatment and provide informed consent.

Array Aesthetics 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 client feedback questionnaires was collated into a summary report and made available to clients and other interested parties.

A review of the most recent client 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 client 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 Hutton 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 both PDs are directly employed by Array Aesthetics practicing privileges agreements are not required.

Review of the complaints policy and procedures evidenced this policy should be further developed in keeping with the relevant legislation and Department of Health (DoH) guidance on complaints handling; [Health and Social Care Complaints Procedure \(Revised April 2023\)](#). Advice and guidance was provided to Dr Hutton and following the inspection RQIA received a copy of the updated complaints policy and procedure.

It was demonstrated that clients and/or their representatives were made aware of how to make a complaint by way of the clients' guide. A complaints register was maintained that included 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 Hutton demonstrated good knowledge regarding how to respond to complaints. Dr Hutton confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. It was suggested that arrangements are in place to audit complaints to identify trends and improve services, where applicable. Dr Hutton was receptive to this advice.

Discussion with Dr Hutton confirmed that an incident policy and procedure was not in place. Dr Hutton was advised that an incident policy and procedure should be developed which includes the following; the reporting arrangements to ensure relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#); the arrangements to ensure incidents are effectively documented and investigated in line with legislation and the arrangements in place to audit adverse incidents to identify trends and improve services provided. An area for improvement has been made against the standards in this regard.

Dr Hutton provided assurance that 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 Hutton outlined the process for analysing incidents and events to detect potential or actual trends or weakness in a particular area and in order that a prompt and effective response can be considered at the earliest opportunity.

The governance arrangements were discussed with Dr Hutton who confirmed that Array Aesthetics has a Board of Directors that includes Dr Hutton and the other PD. The Board of Directors undertakes the Medical Advisory Committee (MAC) function for the establishment and reviews the latest key performance indicators and audit findings within the establishment. It was identified that minutes of the Board of Directors meeting and MAC were not retained. Dr Hutton was advised that formal minutes should be kept and a record of meetings retained. On 30 October 2023 RQIA received evidence that minutes of meetings were now being retained.

It was evidenced that arrangements were in place to review risk assessments and a risk management register is maintained and reviewed by Dr Hutton 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, public and employer's liability insurance was in place.

Policies and procedures were available for staff reference. Discussion with Dr Hutton demonstrated that policies and procedures are under continual review. Advice was provided to implement a formal system to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

Dr Hutton demonstrated a clear understanding of his role and responsibilities in accordance with legislation. Dr Hutton 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

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 Hutton who told us that equality data is collected and managed in line with best practice.

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](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the QIP were discussed with Dr Hutton, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time To be completed by: 21 October 2023	<p>The responsible individual will ensure private doctors have an annual appraisal undertaken and their appraisal documentation is retained and available for inspection.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Dr Chris Hutton's Appraisal</p> <ul style="list-style-type: none"> - Was carried out & completed at Kingsbridge Private Hospital on 16.11.23. - The full appraisal & sign off sheet has been emailed to our RQIA inspector & is printed & available for inspection at the clinic.
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014).	
Area for improvement 1 Ref: Standard 18.1 Stated: First time To be completed by: 21 October 2023	<p>The responsible individual will ensure the policy and procedure on dealing with medical emergencies is further developed as discussed and implemented.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Dr Chris Hutton has further developed the policy & procedure as recommended by the RQIA after our inspection. The policy</p>

	<p>has been read by all of the Array team, emailed to our RQIA inspector & printed, available for inspection at the clinic</p> <p><u>Medical Emergencies</u></p> <ul style="list-style-type: none">- Training arrangements for Array medical team- The provision of emergency medications & equipment
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Area for improvement 2 Ref: Standard 9.9 Stated: First time To be completed by: 21 October 2023	The responsible individual will ensure an incident policy and procedure is developed and implemented. Ref: 5.2.10
	Response by registered person detailing the actions taken: Dr Chris Hutton further developed the policy & procedure as recommended by the RQIA after the inspection. The policy & procedures have now been read by all of the Array team, emailed to the RQIA inspector & printed & available for inspection at the clinic <u>Incident Policy & Procedure</u> <ul style="list-style-type: none"> - Reporting arrangements to ensure relevant incidents are reported to the RQIA - That they are effectively documented & investigated - Identifying trends & to improve services

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