

Inspection Report

24 August 2022



Array Aesthetics

Type of service: Independent Clinic (IC) – Private Doctor Service
Address: 655 Lisburn Road, Belfast, BT9 7GT
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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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Applicant organisation/registered provider: C E Vend Ltd Applicant responsible individual: Dr Christopher Hutton	Applicant 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 how the service operates: Array Aesthetics has made application to register 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. 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 has made application with RQIA.	

2.0 Inspection summary

This was a pre-registration announced care inspection, undertaken by a care inspector on 24 August 2022 from 11.00am to 1.30pm.

The inspection sought to assess an application submitted to RQIA for the registration of Array Aesthetics as an IC with a PD category of care.

A desktop review of the premises, medicines management and finance sections of the registration application was also undertaken by an estates inspector, a pharmacist inspector and a finance inspector, respectively. Approval of the registration application was confirmed from an estates, medicine management and finance perspective.

An application was also submitted for the registration of Dr Hutton as the responsible individual and registered manager.

There was evidence of good practice in relation to the arrangements for staffing; staff recruitment; adult safeguarding; the management of medical emergencies; infection prevention and control (IPC); adherence to best practice guidance in relation to COVID-19; the management of the patients' care pathway; records management; ensuring the core values of privacy and dignity were upheld; and governance arrangements.

No areas for improvement were identified as a result of this inspection.

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this PD service is granted from a care, premises, medicines management and finance perspective.

3.0 How we inspect

RQIA is required to undertake pre-registration inspections following receipt of service applications. To do this, we review the registration application and supporting documents, meet and talk with staff and management and observe practice on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment will be operated in accordance with the relevant legislation and minimum standards and can be approved for registration.

Before the inspection a range of information relevant to the registration application was reviewed. This included the following records:

- application to register the private doctor service
- application to register the responsible individual/registered manager
- the proposed statement of purpose
- the proposed patient guide

During the inspection a tour of the premises was undertaken and the inspector met with Dr Hutton, applicant Responsible Individual and Registered Manager and the clinic manager.

A sample of records in relation to the following areas was also reviewed:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control (IPC) and decontamination
- COVID-19
- arrangements for recording patient records and records management
- management and governance arrangements

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 care and treatment?

The proposed arrangements to obtain feedback from patients, in relation to the quality and standard of care and treatment provided were reviewed. Dr Hutton told us that following their treatment patients will be invited to provide feedback. This is further discussed in section 5.2.11 of this report.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

As this is a pre-registration inspection there are no previous inspections for Array Aesthetics.

5.2 Inspection findings

5.2.1 Has the statement of purpose been developed in keeping with Regulation 7 Schedule 1 of the regulations?

A review of the proposed statement of purpose evidenced that it fully reflected the key areas and themes as specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Hutton is aware that the statement of purpose should be reviewed and updated as and when necessary.

5.2.2 Has the patient guide been developed in keeping with Regulation 8 of the regulations?

A review of the proposed patient guide evidenced that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Hutton is aware that the patient guide should be reviewed and updated as and when necessary.

5.2.3 How does this service ensure that staffing levels are safe and staff are appropriately trained to meet the needs of patients?

Dr Hutton told us there are sufficient staff in the various roles to fulfil the needs of the establishment and patients.

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 are not on the GP performers list in NI. Dr Hutton confirmed that he and one other PD will work in Array Aesthetics.

A review of the details of both PDs 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 Hutton confirmed that both he and the other PD are aware of their responsibilities under GMC Good Medical Practice.

A review of training records evidenced that both PDs have completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with the RQIA training guidance.

A review of completed induction programmes evidenced that induction training is provided to 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 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 patients.

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

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of PD's were in place. These arrangements ensure that all required recruitment documentation has been sought and will be retained and available for inspection.

Registered establishments are required to maintain a staff register. It was evidenced that a staff register had not yet been developed and advice and guidance was provided in this regard. Dr Hutton provided assurances that the staff register would include details of the two PDs and confirmed that he was aware that the staff register is a live document and should be updated and amended as and when required.

A review of both PD's personnel records evidenced that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended, had been sought and retained for inspection.

It was demonstrated that the recruitment of PDs complies with the legislation and best practice guidance.

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

Dr Hutton confirmed that PD services are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 Dr Hutton confirmed 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 records demonstrated that Dr Hutton, 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 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 reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

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

Array Aesthetics has a policy and procedure on dealing with medical emergencies.

Dr Hutton demonstrated that both PDs and other support staff were aware of what action to take in the event of a medical emergency. It was evidenced that both PDs have completed training in advanced life support. Training records reviewed confirmed that the use of the automated external defibrillator (AED) was included in the medical emergency training.

A medical emergency risk assessment had been undertaken by Dr Hutton to establish the medical emergency medicines and equipment to be provided in the clinic.

A robust system was in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

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

5.2.7 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 patients, 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 in all areas.

Three treatments rooms are provided, each room was seen to be maintained to a high standard. The treatment rooms were clean, clutter free and equipped to meet the needs of patients and staff. Discussion with Dr Hutton evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, the PDs and other support staff had up to date training in IPC.

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

5.2.8 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 patients 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. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments.

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

5.2.9 How does the service ensure the environment is safe?

As discussed, an RQIA estates inspector undertook a desktop review of the registration application and corresponded directly with Dr Hutton about matters relating to the premises. This registration application has been approved from an estates perspective.

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

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

Dr Hutton informed us that patients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the patient pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. Information leaflets were available for patients in this regard.

The service has a list of fees available for each treatment offered. 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 patient.

During the initial consultation, patients will be asked to complete a health questionnaire. There are systems in place to contact the patient's GP, with their consent, for further information if necessary.

Dr Hutton informed us that patient's records will be stored electronically. The patient care record template was available for review and Dr Hutton confirmed that an accurate and up to date treatment record will be maintained for every patient.

Dr Hutton confirmed that an audit of clinical records will be completed on a regular basis. The clinical record audit findings will be recorded and shared with staff and will be made available for inspection.

Observations made evidenced that patient records will be securely stored and 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 which is in line with legislation.

It was determined that patients will have a planned programme of care and have sufficient information to consent to treatment.

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

Discussion with Dr Hutton regarding the consultation and treatment process confirmed that patients are treated with dignity and respect.

All consultations and treatments are provided in a private room with the patient and the PD present. As previously discussed, information is provided to the patient in verbal and written form at the initial consultation and subsequent treatment sessions to allow the patient to make choices about their care and treatment and provide informed consent.

Dr Hutton informed us that patients are invited to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to patients and other interested parties. Dr Hutton confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that patients are treated with dignity and respect and are involved in the decision making process.

5.2.12 Are robust arrangements in place regarding organisational 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.

Practising Privileges

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, as amended.

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

As Dr Hutton is a director of Array Aesthetics and is directly employed, a practising privileges agreement is not required. It was identified that a practising privileges agreement was not in place for the other PD. Following this inspection, a copy of the other PD's practising privileges agreement was provided to RQIA by email. The agreement was seen to be in keeping with best practice guidance.

Complaints Management

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 \(Revised April 2019\)](#).

The complaints management process was discussed with Dr Hutton who told us that a record will be kept of all complaints to include the details of all communications with complainants; the results of any investigation; and the outcome. It was demonstrated that all complaints would be recorded in a central complaints register and audited to identify trends, drive quality improvement to enhance service provision. Any themes emerging from complaints will be analysed and learning shared with relevant staff.

Quality assurance

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 patients 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 indemnity insurance was in place.

Notifiable Events/Incidents

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 in order that a prompt and effective response can be considered at the earliest opportunity.

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

The arrangements in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Dr Hutton who advised that equality data collected will be managed in line with best practice.

5.2.14 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Dr Hutton submitted an application to RQIA to become the responsible individual and registered manager of Array Aesthetics. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken as part of the pre-registration inspection. Discussion with Dr Hutton evidenced that he had a clear understanding of his role and responsibilities as responsible individual and registered manager under the relevant legislation and minimum standards.

The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward events to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under 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

- responsibilities under the DoH Minimum Care Standards for Independent Healthcare Establishments (July 2014)
- responsibilities under health and safety legislation
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Dr Hutton with RQIA as responsible individual and registered manager is granted.

6.0 Quality Improvement Plan/Areas for Improvement

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



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