

Inspection Report

5 February 2024



Rejuvaderm Clinic

Type of service: Independent Hospital-Cosmetic Laser

Address: 7 Avoca Park, Belfast, BT11 9BW

Telephone number: 028 9060 3222

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/Provider: Rejuvaderm Clinic Ltd	Registered Manager: Ms Christina Hicks
Responsible Individual: Ms Christina Hicks	Date registered: 18 April 2023
Person in charge at the time of inspection: Ms Christina Hicks	
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: Rejuvaderm 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. Rejuvaderm Clinic also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser equipment that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Ms Hicks is also the responsible individual of one other cosmetic laser establishment registered with RQIA. Equipment available in the service: Laser equipment: Manufacturer: Cynosure Model: Elite Plus Serial Number: ELM+ 2034 Laser Class: 4 Wavelength: 755 nm and 1064 nm Types of laser treatments provided: Hair removal Pigmentation	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 5 February 2024 from 10.00 am to 12.20 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 staff recruitment; laser and IPL safety; infection prevention and control; adherence to best practice guidance in relation to COVID-19; 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 standards. The areas for improvement relate to completion of formal level two safeguarding training by the safeguarding lead and the provision of insurance documentation on request.

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 arrangements for seeking client feedback were discussed with Ms Hicks. A recent client satisfaction survey completed by Rejuvaderm Clinic was not available for review during the inspection and this matter is discussed further in section 5.2.10 of this report.

Posters were issued to Rejuvaderm Clinic 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 Rejuvaderm Clinic was undertaken on 28 March 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?

Ms Hicks told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, infection prevention and control and safeguarding adults at risk of harm in keeping with the RQIA training guidance. Review of the training records available identified that basic life support and fire safety awareness training for two authorised operators was due for renewal. This matter was discussed with Ms Hicks who gave assurances that training for the two authorised operators would be completed as a priority. Following the inspection RQIA received confirmation that this matter had been addressed.

It was identified that Ms Hicks' safeguarding adults at risk of harm training was completed to level one. Ms Hicks, as safeguarding lead for Rejuvaderm Clinic, is required to complete level two safeguarding adults at risk of harm training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. An area for improvement against the standards has been made in this regard.

Ms Hicks confirmed that there are no other staff employed at the establishment who would require laser safety awareness training, as all staff are authorised operators.

It was determined that appropriate staffing levels were in place to meet the needs of clients and addressing the area for improvement will ensure staff are suitably trained.

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

Ms Hicks confirmed that there have been no authorised operators recruited since the previous inspection. During discussion, Ms Hicks confirmed that should authorised operators be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Discussion with Ms Hicks confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators 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?

Ms Hicks 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 at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms Hicks confirmed 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.

Review of records demonstrated that Ms Hicks, as the safeguarding lead, had not 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. As previously stated, an area for improvement against the standards has been made in this regard.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were available for reference.

It was determined that addressing the area for improvement will strengthen the 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?

As discussed in section 5.2.1, it was confirmed following the inspection that all authorised operators had up to date training in basic life support. Discussion with Ms Hicks confirmed she was 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 a result of the action taken following the inspection, 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 Ms Hicks 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 were discussed with Ms Hicks who outlined the measures that were taken by Rejuvaderm 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. Ms Hicks was advised to implement cleaning schedules for the establishment. Ms Hicks gave assurances this matter would be addressed following the inspection.

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 LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires during January 2025.

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 January 2024 and all recommendations made by the LPA have been addressed. Documentation was in place confirming that the LPA risk assessment was valid until June 2024

Ms Hicks 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 January 2025. It was established that systems are in place to review the medical treatment protocols when due.

Ms Hicks, 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 found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes or as access to areas when treatment is being carried out.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Ms Hicks was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

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

Rejuvaderm Clinic has a laser register. Ms Hicks 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.

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?

Ms Hicks 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.

Three client care records were reviewed. Review of these records evidenced that, while all treatments provided had been recorded, the date on which the treatment was provided had not been recorded. It was also observed that the date the patch test had been undertaken had not been recorded on two of the records. Discussion with Ms Hicks confirmed that a dual recording system was in operation and current practice was to record these details electronically, and not on the paper copy of the client treatment record. Advice was provided to Ms Hicks to develop arrangements so that an accurate and up to date treatment record for every client is held in one location and which includes:

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

During the inspection Ms Hicks confirmed she would ensure that the paper version of the client treatment record would be further developed to record the date of the patch test and the date on which each treatment is undertaken. It was also noted that a medical history record in one client care record that was reviewed had not been signed or dated. Advice was provided to Ms Hicks in this regard and Ms Hicks confirmed that she would develop arrangements to undertake audits of treatment records to ensure they held all of the required information.

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.

As a result of the assurances provided by Ms Hicks, 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 Ms Hicks regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment 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.

Ms Hicks told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete via various electronic platforms. Ms Hicks reviews these surveys on a monthly basis and told us she takes action as required in response to this feedback. Ms Hicks was advised to develop arrangements to collate the results of this feedback to provide an anonymised summary report which is made available to clients and other interested parties. Ms Hicks provided assurances that following the inspection she would undertake an analysis of client feedback and confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

As a result of the assurances provided 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.

Ms Hicks 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 patients 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.

Ms Hicks confirmed that no complaints had been received since the previous inspection.

Discussion with Ms Hicks confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Hicks 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.

Ms Hicks demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Hicks 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.

Ms Hicks confirmed that current insurance policies were in place, however the corresponding documentation was not available for review during the inspection. An area for improvement has been made in this regard.

Addressing the area for improvement will strengthen the arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

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 Ms Hicks.

6 Quality Improvement Plan / Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	2

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

Action required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

Area for improvement 1 Ref: Standard 3.9 Stated: First time To be completed by: 31 March 2024	<p>The responsible individual shall ensure that formal level two safeguarding training is undertaken by the safeguarding lead in accordance with RQIA's mandatory training guidance. A copy of the level two training certificate is to be retained and made available for review by interested parties.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: completed and sent certificate</p>
Area for improvement 2 Ref: Standards 10.7 and 16.13 Stated: First time To be completed by: 5 February 2024	<p>The responsible individual shall ensure current certification of insurance with regards to professional indemnity, employer's and public liability are made available for review at all times by interested parties. Copies of these insurances are to be submitted upon return of this QIP.</p> <p>Ref: 5.2.11</p> <p>Response by registered person detailing the actions taken: completed and sent certificate</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)