

Announced Care Inspection Report 17 January 2018



Bloomfield Laser & Cosmetic Surgery Centre

Type of Service: Independent Hospital (IH) – Cosmetic Laser Service
Address: "The Lodge", 1 Donaghadee Road, Groomsport, BT19 6LG
Tel No: 028 9127 5737
Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a cosmetic laser service providing treatments using Class 4 laser machines.

Laser Equipment Currently in Use

- Manufacturer: Sharplan
- Model: 4020S
- Serial Number: 14-001
- Laser Class: Class 4

- Manufacturer: Cynosure
- Model: Apogee Elite
- Serial Number: ELMD 2203

Laser Class: Class 4

Manufacturer: Lumenis UltraPulse
 Model: Encore
 Serial Number: 014-76685
 Laser Class: Class 4

Dr Neill confirmed that an intense pulse light (IPL) machine is not currently in use in the establishment.

Laser Protection Advisor (LPA) - Mr Irfan Azam (Lasernet)

Laser Protection Supervisor (LPS) - Dr Jules Handley

Medical Support Services – Dr Jules Handley

Authorised Operators

Sharplan 4020S – Dr Jules Handley, Ms Beulah McNamara and Ms Amanda Houston

Cynosure Apogee Elite – Dr Jules Handley, Ms Beulah McNamara, Ms Sharon McClatchey, Ms Amanda Houston and Ms Yvonne Gowdy

Lumenis Ultra Pulse Encore – Dr Jules Handley, Ms Beulah McNamara and Ms Amanda Houston

Types of Treatment Provided – Hair removal, laser skin resurfacing, acne scars treatment, photo rejuvenation and vascular treatments

3.0 Service details

Organisation/Registered Provider: Bloomfield Laser & Cosmetic Surgery Centre	Registered Manager: Dr Jules Handley
Responsible Individual: Dr Jules Handley	
Person in charge at the time of inspection: Dr Robert Neill	Date manager registered: 15 September 2008
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 17 January 2018 from 11.00 to 13.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; 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 areas requiring improvement were identified during this inspection.

All of the clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 03 March 2017

No further actions were required to be taken following the most recent inspection on 03 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Dr Robert Neill, clinic manager, and a receptionist.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 03 March 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 03 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2)(d) Schedule 2, as amended</p> <p>Stated: First time</p>	<p>An AccessNI enhanced disclosure should be sought and retained for the two new authorised operators and for any authorised operators employed in the future.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was confirmed following the previous inspection that an AccessNI enhanced disclosure check had been completed in respect of the two identified authorised operators.</p> <p>Dr Neill confirmed that no new authorised operators have been recruited since the previous inspection.</p> <p>Discussion with Dr Neill and a review of documentation confirmed that a process has been implemented to ensure an Access NI enhanced disclosure would be completed and recorded for any new authorised operators in the future in accordance with the AccessNI Code of Practice.</p>	Met
<p>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		
<p>Recommendation 1</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p>	<p>Access NI enhanced disclosure certificates should be handled in keeping with the AccessNI Code of Practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Dr Neill and a review of documentation confirmed that a process has been introduced to ensure that Access NI enhanced disclosure certificates are handled in keeping with the AccessNI Code of Practice.</p>	Met

Recommendation 2 Ref: Standard 14.2 Stated: First time	All the relevant information as outlined in Schedule 2, as amended of The Independent Health Care Regulations (Northern Ireland) 2005 should be provided and available for inspection.	Met
	Action taken as confirmed during the inspection: As discussed, no new authorised operators have been recruited since the previous inspection. Discussion with Dr Neill and a review of documentation confirmed that a process has been implemented to ensure all relevant information as outlined above, would be sought and retained.	
Recommendation 3 Ref: Standard 20 Stated: First time	The identified treatment couch should be reupholstered or replaced.	Met
	Action taken as confirmed during the inspection: The identified treatment couch was observed to have been recovered.	
Recommendation 4 Ref: Standard 48.1 Stated: First time	A record of the client's consultation appointment with the authorised operator, who will be carrying out the laser procedure to assess the client, should be recorded in the client's treatment record.	Met
	Action taken as confirmed during the inspection: Review of a sample of six client treatment records confirmed that the individual consultation between the client and the authorised operator had been documented.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Dr Neill confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

Training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety and the protection of adults at risk of harm.

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

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Dr Neill and a review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

As previously discussed, there have been no authorised operators recruited since the previous inspection. Dr Neill confirmed that should an authorised operator be recruited in the future, robust systems and processes have been developed to 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.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). Dr Neil confirmed that Dr Handley, as the safeguarding lead, will complete formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Laser safety

A laser safety file was in place which contained all of the relevant information in relation to laser equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 17 June 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Jules Handley on 13 August 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The establishment's LPA completed a risk assessment of the premises on 18 June 2015 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have 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 doors to the treatment rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

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

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- 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 and the most recent service reports were available for inspection.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Dr Neill confirmed that all staff were aware of the action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

There are two treatment rooms, both of which were clean and clutter free. It was 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 have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Arrangements were in place for maintaining the environment. Review of records confirmed that up to date servicing and maintenance records were provided for the following areas:

- gas safety monitoring
- portable appliance testing (PAT) of electrical equipment
- the air conditioning system
- the security and alarm system
- the fire detection system

In addition a range of risk assessments and contingency arrangements were in place to guide and support staff, should an emergency situation occur. This is good practice.

A legionella risk assessment had been completed and monthly water temperatures were monitored and recorded. However the legionella risk assessment did not outline the water system in the premises and lacked detail. Dr Neill agreed to make arrangements for a more detailed legionella risk assessment to be undertaken. Following the inspection the relevant email links were provided to the establishment and Dr Neill confirmed, by email, that an external contractor would complete the legionella risk assessment.

Client and staff views

Nineteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Seven staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment 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, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client 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)

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

The establishment is registered with the Information Commissioners Office (ICO).

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Dr Neill confirmed that staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Client and staff views

All of the 19 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Dr Neill regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “Very happy with service.”
- “Staff have all been great and facilities very pleasant.”
- “An amazing clinic, with fantastic team. Happy New year.”
- “Excellent clinic.”

Client and staff views

All of the clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service operators in order to deliver safe, effective and compassionate care.

Management and governance

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Dr Neill confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal.

Dr Neill is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on at least a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Dr Neill demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed and available in the establishment. Discussion with Dr Neill demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Discussion with Dr Neill confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was 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.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Dr Neill confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Information requested by RQIA has been submitted within specified timeframes. 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 up to date and displayed appropriately.

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

Client and staff views

All of the clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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