

Inspection Report

17 February 2022



Beauty Haven Limited

Type of service: Independent Hospital –Intense Pulse Light (IPL)
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: Beauty Haven Limited</p> <p>Responsible Individual: Mrs Hilary Harper-Lowry</p>	<p>Registered Manager Mrs Hilary Harper-Lowry</p> <p>Date registered: 21 January 2008</p>
<p>Person in charge at the time of inspection: Mrs Hilary Harper-Lowry</p>	
<p>Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	
<p>Brief description of how the service operates: Beauty Haven Limited is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>Beauty Haven Limited also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Equipment available in the service:</p> <p>IPL equipment: Manufacturer: Ellipse Model: Sirius Pro Serial Number: 15120153</p> <p>Laser protection advisor (LPA): Mr Philip Loan</p> <p>Laser protection supervisor (LPS): Mrs Hilary Harper-Lowry</p> <p>Medical support services: Dr Julian Handley</p> <p>Authorised operator: Mrs Hilary Harper-Lowry</p>	

Types of IPL treatments provided:

Hair removal
 Skin rejuvenation
 Treatment of thread veins.

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 February 2022 from 11.00 am to 1.40 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Beauty Haven Limited was not inspected by RQIA during the 2020-21 inspection year.

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; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); the clinic's adherence to best practice guidance in relation to COVID-19; the management of clinical records; 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.

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 client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Beauty Haven Limited. This is discussed further in section 5.2.10 of this report.

Posters were issued to Beauty Haven Limited by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Two staff submitted questionnaire responses. Staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. Both staff indicated that they were very satisfied with each of these areas of care.

Ten clients, relatives of clients or visitors to the clinic submitted questionnaire responses. All indicated that they felt that their care and client care was safe, effective, that they and the clients were treated with compassion and that the service was well led. All indicated that they were very satisfied with each of these areas of care. Four responses included very positive comments pertaining to the caring, compassionate and professional staff and the extremely high standard of care delivered.

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 Beauty Haven Limited was undertaken on 30 September 2019; 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?

Mrs Hilary Harper-Lowry is the only authorised operator who works in Beauty Haven Limited and all IPL treatments are carried out by her as the sole authorised operator. The register of authorised operators for the IPL machine reflected that Mrs Harper-Lowry is the only authorised operator.

A review of training records evidenced that Mrs Harper-Lowry has 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 awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

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

Appropriate staffing levels were in place to meet the needs of clients.

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

As discussed Mrs Harper-Lowry does not employ any other authorised operators. There was a robust recruitment and selection policy and procedure, that adhered to legislation and best practice guidance should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection.

Discussion with Mrs Harper-Lowry confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

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

Mrs Harper-Lowry stated that IPL 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. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Harper-Lowry 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 Mrs Harper-Lowry, as the safeguarding lead, has completed formal training in safeguarding adults. Mrs Harper-Lowry was advised to ensure that any refresher training was at a level in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

The regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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?

Mrs Harper-Lowry had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

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 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 in all areas.

The IPL treatment room was clean and clutter free. Discussion with Mrs Harper-Lowry 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, Mrs Harper-Lowry has up to date training in infection prevention and control.

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 Mrs Harper-Lowry who outlined the measures that will be taken by Beauty Haven Limited 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 client 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.

5.2.7 How does the service ensure the environment is safe?

The service has several treatment rooms and access to storage rooms. 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 was available.

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

5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to IPL 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 on 25 March 2022.

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

The establishment's LPA completed a risk assessment of the premises during March 2021 and all recommendations made by the LPA have been addressed.

As discussed, Mrs Harper-Lowry is the sole authorised operator and told us that IPL procedures are carried out following medical treatment protocols produced by named registered medical practitioner. The medical treatment protocols were reviewed on 4 April 2021 and a system is in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Mrs Harper-Lowry, as the laser protection supervisor (LPS) and sole authorised operator has overall responsibility for safety during IPL treatments. Mrs Harper-Lowry had signed to state that they had read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

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

Mrs Harper-Lowry was aware that the laser safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use.

Beauty Haven Limited has an IPL register. Mrs Harper-Lowry told us that she completes the relevant section of the register every time the equipment is operated, the register 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL dated 25 March 2021 was reviewed.

It was determined that appropriate arrangements were in place to operate the IPL 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?

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 service has a list of fees available for each laser and IPL 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 (GP), with their consent, for further information if necessary.

Two client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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)

A records management policy and procedure was in place.

Observations made evidenced that client records were securely stored.

5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?

Mrs Harper-Lowry 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 Mrs Harper-Lowry confirmed that client care records were stored securely in a lockable filing cabinet.

Mrs Harper-Lowry told us that she encourages clients 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 clients and other interested parties. Mrs Harper-Lowry confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report found that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

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. Mrs Harper-Lowry is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment. Mrs Harper-Lowry evidenced a good awareness of complaints management.

Mrs Harper-Lowry confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mrs Harper-Lowry demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Mrs Harper-Lowry 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.

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

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 patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Harper-Lowry.

Discussion with Mrs Harper-Lowry and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Harper-Lowry, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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Authority

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