

Announced Care Inspection Report 28 February 2017



Beauty Haven Limited

Type of Service: Cosmetic Independent Hospital (IH) - IPL Service
Address: 161 Stranmillis Road, Belfast, BT9 5AJ
Tel No: 028 9066 6628
Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Beauty Haven Limited took place on 28 February 2017 from 10.30 to 12.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Hilary Harper-Lowry, registered person, demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included IPL safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. Two recommendations have been made, one that the authorised operators should complete adults at risk of harm training and one to ensure any accident or adverse incident that occurs during treatment is recorded in the IPL register.

Is care effective?

Observations made, review of documentation and discussion with Mrs Harper-Lowry demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. One recommendation was made to ensure that client treatment records are fully completed, dated and signed by the relevant authorised operator.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Harper-Lowry demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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 (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Harper-Lowry, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 October 2015.

2.0 Service details

Registered organisation/registered person: Beauty Haven Limited Mrs Hilary Harper-Lowry	Registered manager: Mrs Hilary Harper-Lowry
Person in charge of the home at the time of inspection: Mrs Hilary Harper-Lowry	Date manager registered: 21 January 2008
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL equipment

Manufacturer: Ellipse
Model: Sirius Pro
Serial Number: 15120153

Laser protection advisor (LPA) – Mr Philip Loan

Laser protection supervisor (LPS) - Mrs Hilary Harper-Lowry

Medical support services – Dr Julian Handley

Authorised users - Mrs Hilary Harper-Lowry, Miss Emma Gilmore

Types of treatment provided – Hair removal, skin rejuvenation & thread veins

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Mrs Hilary Harper-Lowry, registered person/ authorised operator and another authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 October 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 28 (1) (2) Stated: First time	<p>The registered person must ensure that all incidents are reported to RQIA in line with the legislation and RQIA guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with Mrs Harper-Lowry and review of relevant documentation confirmed that incidents are reported to RQIA. A recent notification was reviewed and discussed with Mrs Harper-Lowry during this inspection.</p>	Met

Requirement 2 Ref: Regulation 30 Stated: First time	The registered person must submit an application to register Beauty Haven as a limited company with RQIA.	Met
	Action taken as confirmed during the inspection: This was completed following the previous care inspection.	
Requirement 3 Ref: Regulation 19 (2) (d) Stated: First time	The registered person must ensure that all authorised users have an enhanced AccessNI disclosure undertaken prior to commencing employment.	Met
	Action taken as confirmed during the inspection: There have been no new personnel recruited since the previous inspection. Discussion with Mrs Harper-Lowry confirmed she was aware of her responsibility to ensure all authorised users have an enhanced AccessNI disclosure undertaken prior to commencing employment.	

4.3 Is care safe?

Staffing

Discussion with Mrs Harper-Lowry confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Harper-Lowry confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

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, fire safety and infection prevention and control. Authorised operators had completed basic life support training during October 2015. Mrs Harper-Lowry verified by email that both authorised operators will attend basic life support training on 26 April 2017.

Mrs Harper-Lowry confirmed that she had not completed training in safeguarding adults. A recommendation has been made that authorised operators complete training in safeguarding adults at risk of harm.

Mrs Harper-Lowry confirmed that if other staff are recruited to work in the establishment but not directly involved in the use of the IPL equipment, they would receive laser safety awareness training.

Recruitment and selection

There have been no new authorised operators recruited since the previous inspection. During discussion Mrs Harper-Lowry confirmed that should further staff 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.

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

Safeguarding

Mrs Harper-Lowry was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mrs Harper-Lowry is the nominated safeguarding lead within the establishment.

As discussed, a recommendation has been made that authorised operators complete training in safeguarding adults at risk of harm training. Mrs Harper-Lowry was advised that refresher training in this area should be provided every two years in keeping with RQIA's mandatory training guidance.

Following the inspection the following regional safeguarding documentation was forwarded to Mrs Harper-Lowry by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- Adult protection gateway contact information

Mrs Harper-Lowry confirmed the IPL service is not provided to persons under the age of 18 years.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to IPL 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 4 November 2017.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Julian Handley on 9 September 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 IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 24 September 2016 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL 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 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 equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key 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 IPL equipment is in use and removed when not in use.

The establishment has an IPL 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

Review of the IPL register identified that an adverse incident, concerning a client, had not been recorded within the IPL register, this was discussed with Mrs Harper-Lowry and a recommendation was made in this regard.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 21 September 2016 was reviewed as part of the inspection process.

Management of emergencies

As previously discussed, RQIA received confirmation that the authorised operators will attend basic life support training on 26 April 2017. Mrs Harper-Lowry confirmed that this training will be updated on an annual basis. Discussion with Mrs Harper-Lowry evidenced that she is aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The 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, 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.

Client and staff views

Two clients submitted questionnaire responses to RQIA, both indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Two staff submitted questionnaire responses, both indicated that they felt that patients are safe and protected from harm. No comments were included in submitted questionnaire responses.

Areas for improvement

Authorised operators should complete adults at risk of harm training.

Any accident or adverse incident that occurs during treatment must be recorded in the IPL register.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

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 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, with their consent, for further information if necessary.

Four client care records were reviewed, and were seen to include the following:

- 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)

One client's record was discussed with Mrs Harper-Lowry, as the treatment recording sheet was not signed by the authorised operator, the last entry was not dated and the client declaration regarding changes to health since previous treatment had not been completed. A recommendation has been made to ensure client treatment records are fully completed, dated and signed by the authorised operator.

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.

Review of complaints and/or incident documentation confirmed that learning from complaints/incidents is disseminated to staff.

Client and staff views

Both clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided in submitted questionnaire response:

- 'Always careful as to how much treatment I need and aftercare between treatments'

Both 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 for improvement

Client treatment records should be fully completed, dated and signed by the authorised operator.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mrs Harper-Lowry registered person and authorised operator, 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 in a locked cabinet.

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.

Client and staff views

Both 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.

Both 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 for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators 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. There was a 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Mrs Harper-Lowry demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed and available in the establishment. Mrs Harper-Lowry demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The complaints records were reviewed from the date of the previous inspection, which indicated that complaints, have been managed in accordance with best practice. It was observed that one entry had been partially recorded in pencil, Mrs Harper-Lowry was advised that all records should be made in ink.

Discussion with 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. 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.

Discussion with Mrs Harper-Lowry confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs Harper-Lowry 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.

Mrs Harper-Lowry, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within 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 up to date and displayed appropriately.

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

Client and staff views

Both clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included in a submitted questionnaire response:

- 'Very personable and caring staff'

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hilary Harper-Lowry, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the IH- Intense Pulsed Light. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The authorised operators should complete refresher training in safeguarding adults at risk of harm.</p> <p>Arrangements should be established to ensure this training is undertaken in keeping with RQIA mandatory guidance.</p>
	<p>Response by registered provider detailing the actions taken: This training has been scheduled for 11th April 17</p>
<p>Recommendation 2</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>Any accident or adverse incident that occurs during treatment must be recorded in the IPL register.</p>
	<p>Response by registered provider detailing the actions taken: As recommended by inspector we will allow space in the IPL register each day to log an incident should it occur. This will refer the incident to the incident book we currently use to record in more details any incidents, this has been actioned from date of inspection.28.02.17</p>
<p>Recommendation 3</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>Client treatment records should be fully completed, dated and signed by the authorised operator.</p>
	<p>Response by registered provider detailing the actions taken: IPL operators have completed refresher training in relation to completion of client record cards. 28.02.17</p>

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



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