

Announced Care Inspection Report 10 October 2016



Acculase Clinic

Type of Service: Independent Hospital- Cosmetic Laser/IPL Service
Address: c/o Lalapanzi, 50 Commercial, Road, Banbridge, BT32 3ES
Tel No: 07843062077

Inspector: Mrs Winifred Maguire accompanied by Mrs Liz Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Acculase Clinic took place on 10 October 2016 from 10.00 to 11.35.

The inspection sought to determine if the IPL service 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 Ms Caroline Boyd, Registered Person/Manager demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms Boyd 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. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Boyd 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Boyd, Registered Person/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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Acculase Clinic	Registered manager: Ms Caroline Boyd
Person in charge of the establishment at the time of inspection: Ms Caroline Boyd	Date manager registered: 23 April 2008
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL equipment

Manufacturer: Lynton
Model: Luminette
Serial Number: i0359-06

Laser protection advisor (LPA) - Ms Anna Bass (Lasernet)

Laser protection supervisor (LPS) - Ms Caroline Boyd

Medical support services - Dr Paul Myers

Authorised user - Ms Caroline Boyd

Types of treatment provided - hair removal

3.0 Methods/processes

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. Ms Boyd is the sole authorised user and does not employ any staff in connection with the delivery of the IPL service. Prior to inspection we analysed the following records: complaints declaration and returned completed client questionnaires.

During the inspection the inspector met with Ms Boyd, Registered Person/Manager and authorised user. The IPL treatment room was reviewed also.

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

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 October 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 October 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Staffing

Discussion with Ms Boyd, confirmed that she continues to be the sole authorised user of the IPL machine and provides IPL treatments on a four to six week basis from the clinic.

A register of the authorised user for the IPL was maintained and found to be up to date.

A review of training records evidenced that authorised user has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety. Ms Boyd confirmed she would read and sign the policy on protection of adults at risk of harm.

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

Recruitment and selection

As outlined Ms Boyd is the sole authorised user. It was confirmed that should staff be recruited in the future robust systems and processes will be 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

Ms Boyd was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A policy and procedure was in place for the safeguarding and protection of adults. The 'Adult Safeguarding, Prevention and Protection in Partnership' guidance and details for onward referrals were forwarded to Ms Boyd following inspection. Ms Boyd agreed to include this information in the establishment's policy and procedure and to then read and sign as understood.

Laser/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 1 November 2016.

Laser procedures are carried out by a trained operator in accordance with a medical treatment protocol produced and reviewed by Dr Paul Myers on 3 April 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocol contained the relevant information pertaining to the treatment 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 reviewed a risk assessment of the premises on 2 November 2015 and no recommendations were made

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised users is maintained. The authorised user has signed to state that she has 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 laser 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

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 8 February 2016 was reviewed as part of the inspection process.

Management of emergencies

As discussed, Ms Boyd has training in basic life support and has arranged an update in the coming months. It was confirmed she was 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 Ms Boyd 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, Ms Boyd has 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 was available.

It was advised to include this extinguisher in the building's fire fighting equipment servicing arrangements

Client views

Three clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. 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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4.4 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 establishment's medical support services, for further advice 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)

Some minor amendments were suggested. 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.

Client views

All 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.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity respect and involvement with decision making

Discussion with Ms Boyd 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 user 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.

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:

- “Love the salon especially the waiting room.”
- “So glad I had this treatment.”
- “It would be great if you could do walk in appointments as I don’t always know when I am available.”

Client and staff views

All 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.

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

Ms Boyd has overall responsibility for the day to day management of the service and as previously stated does not employ any staff in relation to the delivery of the IPL service.

Ms Boyd is the only authorised user in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis.

Discussion with Ms Boyd demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Boyd demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

It was 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.

Discussion with Ms Boyd confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Ms Boyd demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was 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 views

All clients who submitted questionnaire responses indicated that they felt that the service is well managed.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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