



**The Regulation and  
Quality Improvement  
Authority**

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Destination Skin</b>
<b>Establishment ID No:</b>	<b>10675</b>
<b>Date of Inspection:</b>	<b>17 June 2014</b>
<b>Inspector's Name:</b>	<b>Jo Browne</b>
<b>Inspection No:</b>	<b>17476</b>

**The Regulation and Quality Improvement Authority  
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**1.0 General Information**

<b>Name of establishment:</b>	Destination Skin
<b>Address:</b>	House of Frazer Victoria Square Belfast BT1 4QG
<b>Telephone number:</b>	028 4142 4500
<b>Registered organisation/ registered provider:</b>	Destination Skin Ms Kay Davies (Acting)
<b>Registered manager:</b>	Ms Barbara Russell
<b>Person in charge of the establishment at the time of inspection:</b>	Ms Barbara Russell
<b>Registration category:</b>	PT (IL) – Prescribed techniques or prescribed technology: establishments using intense light sources  PT (L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
<b>Date and time of inspection:</b>	17 June 2014 10.00 – 13.35
<b>Date and type of previous inspection:</b>	Announced Inspection 23 July 2013
<b>Name of inspector:</b>	Jo Browne

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS draft Independent Health Care Minimum Standards for Hospitals and Clinics measured during the inspection were met.

## 2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the draft minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Independent hospitals and clinics.

Other published standards which guide best practice may also be referenced during the inspection process.

## 2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts;

self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered manager, Ms Barbara Russell
- Examination of records
- Consultation with clients and/or their representatives where applicable
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

### 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	41
Spoke with staff	2

### 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS draft Independent Health Care Minimum Standards for Independent Hospitals and Clinics and to assess progress with the issues raised during and since the previous inspection.

- C4 Patient Partnerships
- C5 Complaints
- C10 Management of Operations
- P1 Patient information and Laser Procedures
- P2 Procedures for Use of Lasers and Intense Light Sources
- P3 Training for Staff Using Lasers and Intense Light Sources
- P4 Safe Operation of Lasers and Intense Light Sources

### 3.0 Profile of Service

Destination Skin provides a range of skin treatments and hair reduction treatments using Intense Pulsed Light (IPL).

The clinic is registered to use Class 3B and Class 4 lasers however no lasers are currently used within the clinic. The clinic had purchased a new class 4 laser for the treatment of cellulite. However, this laser has now been removed from the clinic and the registered manager informed the inspector that the laser is located within a clinic in England.

There is a waiting area in the clinic and toilet facilities available within the House of Frazer for client use. The clinic is accessible for clients with a disability.

The clinic has three IPL systems currently in use.

#### **Intense Pulsed Light (IPL)**

Manufacturer:	Energist
Model:	Ultra
Wavelength:	530nm–950nm
Serial Number:	U02153

#### **Intense Pulsed Light (IPL)**

Manufacturer:	Energist
Model:	Ultra
Wavelength:	530nm–950nm
Serial Number:	U01614

#### **Intense Pulsed Light (IPL)**

Manufacturer:	Energist
Model:	Ultra
Wavelength:	530nm–950nm
Serial Number:	U00598

#### **Laser Protection Advisor (LPA)**

Mr John Kyriou

#### **Laser Protection Supervisors (LPS)**

Ms Gillian Lowe (LPS)  
Ms Barbara Russell (Deputy LPS)

#### **Medical Support Services**

Dr Hazel Rae

### **Authorised Users**

Ms Barbara Russell  
Ms Gillian Lowe

### **Types of Treatment Provided**

- Hair reduction
- Skin rejuvenation
- Acne
- Vascular blemishes

Destination Skin is registered as an independent hospital with the PT(L) and PT(IL) categories of registration.

## 4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 17 June 2014 from 10.00 to 13.35. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS draft Independent Health Care Minimum Standards for Independent hospital and clinics and to assess the progress made to address the issues raised during the previous inspection.

There were four requirements and six recommendations made as a result of the previous annual announced inspection on 23 July 2013. Two requirements and two recommendations had not been fully addressed and are restated within this report.

The inspection focused on the draft DHSSPS Independent Health Care Minimum standards outlined in section 2.4 of this report.

Ms Barbara Russell was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Client Guide were in place. As outlined in the main body of the report a requirement is made for the third time to ensure that these documents are updated to comply with the legislation.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Destination Skin collates the information from the questionnaires into a summary report which is made available to clients and other interested parties. A recommendation was made to add the date to the client feedback questionnaire to facilitate the accurate collection of data for the summary report.

Destination Skin has a complaints policy and procedure in place. A requirement was made in relation to the complaints policy and a recommendation was made regarding the complaints records. This is fully discussed in the main body of the report.

There is a defined management structure within the establishment and clear lines of accountability. The registered manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards. In light of some requirements and recommendations being stated on more than one occasion the inspector reminded the registered

manager of her obligations under the legislation to ensure that issues identified during inspection are fully addressed.

Recommendations were made to develop policies and procedures in relation to the absence of the registered manager and whistleblowing.

The registered manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

No incidents have been recorded by the establishment however systems are in place to document and manage incidents. A recommendation was made to develop an incident policy and procedure which includes reporting arrangements to RQIA. It was also recommended that the incident procedure is included within the local rules.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

Six client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided. The inspector discussed the importance of ensuring that handwriting was legible particularly in relation to dates.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the IPL equipment.

The environment in which the IPL equipment is used was found to be safe and controlled. A risk assessment had been undertaken by the establishment's LPA and no issues were identified. Protective eyewear was available for the client and operator. A recommendation was made to ensure the protective eyewear to be used by the operator and the client is clearly outlined within the local rules.



Laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a key control system. Arrangements are in place for the safe custody of the IPL keys when not in use.

A laser safety file was in place. Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service reports were reviewed by the inspector.

The inspector reviewed the management of sharps and waste within the establishment and a requirement was made in relation to this.

The management of records policy was reviewed and a recommendation was made for the second time to update the policy in line with the legislation.

The certificate of registration was clearly displayed in the reception area of the establishment.

Two requirements, one restated requirement, six recommendations and two restate recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend her gratitude to Ms Barbara Russell and the staff of Destination Skin for their hospitality and contribution to the inspection process.

## 5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	23(1)	The registered manager must ensure that the new complaints policy and procedure reflects the role of RQIA as a regulator and not as a referral route for complainants who remain dissatisfied with the outcome of the complaints procedure.	A review of the complaints policy and procedure confirmed that this requirement was not addressed and it is therefore stated for the second time within this report along with other issues identified.	Two	Not compliant
2	23	The registered manager must ensure that all issues identified in relation to complaints management are addressed, as outlined in the main body of the report.	The previous issues in relation to complaints management had been addressed, however a recommendation was made to ensure that the complaints records are signed by the person completing them.	One	Compliant
3	18(2)(a)	The registered manager must ensure that training records are available for all authorised users to evidence that they have completed core of knowledge training, application training and other mandatory training.	A review of the training records confirmed that all authorised users had undertaken the required mandatory training.	One	Compliant

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
4	9(a)(b)	The registered manager must ensure that the Statement of Purpose and Client Guide are updated as outlined in the main body of the report. A copy of the updated versions should be forwarded to RQIA on completion.	This requirement has not been addressed and is stated for the third time within this report.	<b>Three</b>	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4.1	The registered manager should ensure all issues identified in relation to obtaining the views of clients are addressed as outlined in the main body of the report.	Review of the completed client feedback questionnaires confirmed that the previous issues had been addressed.	One	Compliant
2	C4.1	The registered manager should develop and implement an action plan to address any issues identified in the client satisfaction survey.	An action plan had been developed to address issues identified in the client satisfaction survey.	One	Compliant
3	C16.2	The registered manager should ensure the management of records policy is updated as outlined in the main body of the report.	This recommendation had not been addressed and is stated for the second time within this report.	One	Not compliant
4	P2.2	The registered manager should ensure the local rules are updated to include reporting adverse incidents to RQIA in line with RQIA guidance and regional reporting arrangements.	This recommendation has not been addressed and is stated for the third time within this report.	Two	Not compliant
5	P2.5	The registered manager should ensure that the authorised users list is updated to reflect those who currently work in the clinic and remove those who are no longer employed.	A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.	One	Compliant

6	P4.3	The registered manager should ensure that the laser safety warning signs are displayed only when the IPL equipment is in use and covered when not in use.	Laser safety warning signs are displayed when the IPL equipment is in use and covered when not in use, as described within the local rules.	One	Compliant
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## 6.0 Inspection Findings

<b>STANDARD C4</b>	
<b>Patient Partnerships:</b>	<b>The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.</b>
<p>Destination Skin obtains the views of clients on a formal and informal basis as an integral part of the service they deliver. All clients are provided with the opportunity to complete a client feedback questionnaire towards the end of their course of treatments.</p> <p>The establishment issued feedback questionnaires to clients and 41 were returned and completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> <li>• “All staff are great and very helpful”</li> <li>• “I am fully satisfied with the service provided and the competency and professionalism of the staff”</li> <li>• “I am very happy with the service and the lovely staff”</li> <li>• “I felt very comfortable and informed about the procedure”</li> <li>• “All the practitioners are very professional and are always warm and friendly”</li> </ul> <p>The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the client information pack in the reception area.</p> <p>It is recommended that the date is added to the client questionnaire to facilitate the accurate collection of data for the summary report.</p>	

### **Evidenced by:**

**Review of client satisfaction surveys**

**Review of summary report of client satisfaction surveys**

**Summary report made available to clients and other interested parties**

**Discussion with staff**

**STANDARD C5****Complaints:****All complaints are taken seriously and dealt with.**

The establishment had a complaints policy and procedure in place. The following issues were identified and a requirement is made to address them:

- Ensure the complaints policy refers to Northern Ireland as the policy available contained contact details for the Care Quality Commission (CQC) and the English Ombudsman
- Ensure the contact details for RQIA are included within the policy and procedure as a regulator and not as a referral route for stage two complaints
- Ensure the Statement of Purpose and Client guide are updated and contain the revised version of the complaints procedure

All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide.

The inspector reviewed the complaints register and complaints records. All complaints were generally well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. However it is recommended that the complaints record should be signed by the person completing it.

The registered manager informed the inspector that all complaints are also forwarded to the company's head office in England for review.

The head of compliance undertakes an audit of complaints monthly as part of the establishment's quality assurance mechanisms. The audit information is used to identify trends and enhance services provided.

**Evidenced by:****Review of complaints procedure****Complaints procedure made available to clients and other interested parties****Staff discussion****Review of complaints records**

<b>STANDARD C10</b>	
<b>Management of Operations:</b>	<b>Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The registered manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and draft minimum standards. In light of some requirements and recommendations being stated on more than one occasion the inspector reminded the registered manager of her obligations under the legislation to ensure that issues identified during inspection are fully addressed.</p> <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment.</p> <p>It is recommended that a policy and procedure is developed to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered manager confirmed that staff undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Client Guide and Statement of Purpose. Following the previous inspection updated versions of the Statement of Purpose and Client Guide had been forwarded to RQIA via email. However the versions available in the establishment at the time of the inspection were older versions which did not comply with the legislation. The registered manager informed the inspector that she had not received the new versions. A requirement is made for the third time to ensure that the Statement of Purpose and Client Guide available in the establishment contain all of the information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> <li>• Health and safety audit (monthly)</li> <li>• Audit of treatments (weekly)</li> <li>• IPL audit (Every 1 – 2 months)</li> <li>• Audit of client files (weekly)</li> </ul> <p>No incident policy or procedure was available at the time of inspection. A recommendation was made to develop an incident policy and procedure which</p>	



includes reporting arrangements to RQIA.

No incidents have occurred within the establishment since registration; however systems are in place to document incidents appropriately.

The registered manager has systems in place to deal with all alert letters issued by the DHSSPS.

The establishment has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance with guidance. The registered manager ensures that all health care professionals adhere to their published codes of professional conduct and professional guidelines.

The registered manager informed the inspector that the HR department has systems in place to check the registration status of health care professionals with their appropriate professional bodies on an annual basis. The inspector advised the registered manager to obtain copies of these checks being undertaken.

There was no written policy on "Whistle Blowing" or written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff. A recommendation was made to address this.

The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.

#### **Evidenced by:**

**Review of policies and procedures**

**Review of training records**

**Review of Client Guide**

**Review of Statement of Purpose**

**Discussion with registered manager**

**Review of audits**

**Review of alert letters**

**Review of competency and professional qualifications**

**Review of incident management**

**Review of insurance arrangements**

<b>STANDARD P1</b>	
<b>Patient Information and Laser procedures:</b>	<b>Patients are clear about what procedures involve, the costs and the skills and experience of those carrying out the procedures.</b>
<p>The establishment has policies and procedures for advertising and marketing which are factual and not misleading.</p> <p>Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. 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 treatment provided and the individual requirements of the client.</p> <p>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.</p> <p>A copy of the Client Guide is provided to all clients.</p>	

**Evidenced by:**

**Discussion with staff**  
**Review of policies and procedures**  
**Review of information provided to clients**

<b>STANDARD P2</b>	
<b>Procedures for Use of Lasers and Intense Light Sources:</b>	<b>Patients have laser and intense light source procedures carried out by, experienced operators, and in accordance with procedures.</b>
<p>IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Hazel Rae on 11 February 2014. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> <li>• Indications</li> <li>• Contraindications</li> <li>• Technique</li> <li>• Pre-treatment tests</li> <li>• Pre-treatment care</li> <li>• Post-treatment care</li> <li>• Recognition of treatment related problems</li> <li>• Procedure if anything goes wrong with the treatment</li> <li>• Permitted variation on machine variables</li> <li>• Procedure in the event of equipment failure</li> </ul> <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.</p> <p>The establishment has local rules in place which have been developed by their LPA on 26 March 2014.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> <li>• The potential hazards associated with lasers</li> <li>• Controlled and safe access</li> <li>• Authorised operator's responsibilities</li> <li>• Methods of safe working</li> <li>• Safety checks</li> <li>• Prevention of use by unauthorised persons</li> <li>• Adverse incidents procedures</li> </ul> <p>A recommendation is made for the third time to ensure that the local rules are updated to include reporting adverse incidents to RQIA in line with RQIA guidance and regional reporting arrangements.</p> <p>The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.</p> <p>A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.</p>	

The establishment has an IPL register for each piece of equipment 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

Six client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken. The inspector discussed the importance of ensuring that handwriting was legible particularly in relation to dates.

Clients are provided with written aftercare instructions following treatment.

**Evidenced by:**

**Review of local rules**

**Review of medical treatment protocols**

**Review of IPL registers**

**Review of client care records**

<b>STANDARD P3</b>	
<b>Training for Staff using Lasers and Intense Light Sources</b>	<b>Patients have laser and intense light source procedures carried out by staff that are trained and experienced in operating Class 3b and 4 lasers and intense light sources.</b>
<p>The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.</p> <p>Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:</p> <ul style="list-style-type: none"> <li>• Basic life support annually</li> <li>• Fire safety annually</li> <li>• Infection prevention and control annually</li> </ul> <p>The certificates for the fire safety training were not available at the time of inspection however the registered manager was able to provide the inspector with email evidence that the training had been undertaken.</p>	

**Evidenced by:****Review of staff personnel files****Review of training records****Discussion with staff**

<b>STANDARD P4</b>	
<b>Safe Operation of Lasers and Intense Light Sources:</b>	<b>The environment in which lasers and intense light sources are used is safe.</b>
<p>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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.</p> <p>When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.</p> <p>Laser safety warning signs are displayed when the IPL equipment is in use and covered when not in use, as described within the local rules.</p> <p>Protective eyewear is available for the client and operator. The inspector reviewed the protective eyewear available as part of the inspection process. It is recommended that the protective eyewear to be used by the operator and client is clearly outlined within the local rules.</p> <p>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.</p> <p>The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL keys when not in use.</p> <p>There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.</p> <p>There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service reports of 24 September 2013 were reviewed as part of the inspection process.</p> <p>The establishment's LPA completed a risk assessment of the premises on 21 March 2014 and no recommendations were made.</p>	

**Evidenced by:****Review of premises and controlled area****Review of Laser safety file****Review of maintenance records**

## **7.0 Any Other Areas Examined**

### **7.1 Management of Sharps and Waste**

The inspector reviewed the management of sharps and the following issues are required to be addressed:

- Ensure that the labels on sharps containers are fully completed on assembly and permanent closure
- The temporary closure device should be deployed when the sharps container is not in use
- Review the use of a sharps container which is currently being used for clinical waste. Clinical waste should be disposed of in line with guidance provided by HTM 07-01 – Safe Management of Healthcare Waste

### **7.2 Management of Records**

The inspector reviewed the management of records policies and procedures. It is recommended for the second time that the policies are updated to include the following:

- Arrangements for transferring records
- The retention timescales for records as outlined in The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- Arrangements for the disposal of records

## **8.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Barbara Russell, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

**Jo Browne**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

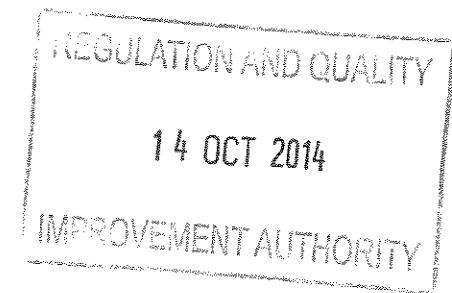
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**Jo Browne**  
**Inspector/Quality Reviewer**

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**Date**





## Quality Improvement Plan

### Announced Inspection

#### Destination Skin

**17 June 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Barbara Russell either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

**STATUTORY REQUIREMENTS**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCA
1.	23 (1)	The registered manager must ensure that the issues relating to the complaints policy and procedure are addressed as outlined in the main body of the report.  <b>Ref: Standard C5</b>	Two	<i>Completed</i>	Within one month
2	9 (a) (b)	The registered manager must ensure that the Statement of Purpose and Client Guide are updated as outlined in the main body of the report. A copy of the updated versions should be forwarded to RQIA on completion.  <b>Ref: Standard C10</b>	Three	<i>Completed</i>	Within two months
3	15 (7)	The registered manager should ensure all issues identified in relation to sharps and waste management are addressed as outlined in the main body of the report.  <b>Ref: 7.1</b>	One	<i>Completed</i>	Immediate and ongoing

**RECOMMENDATIONS**

These recommendations are based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESC.
1	C4.1	The registered manager should ensure that the date is added to the client feedback questionnaires to facilitate the collection of accurate data.  <b>Ref: Standard C4</b>	One	Completed	Within one month and ongoing
2	C5.7	The registered manager should ensure that the complaints record is signed by the person who completes it.  <b>Ref: Standard C5</b>	One	Completed and ongoing	Immediate and ongoing
3	C11.1	The registered manager should ensure that a policy and procedure is developed to notify RQIA if the registered manager is absent for more than 28 days. The policy should include the interim management arrangements for the establishment.  <b>Ref: Standard C10</b>	One	Completed	Within two months
4	C10.19	The registered manager should develop a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.  <b>Ref: Standard C10</b>	One	Completed	Within two months

**RECOMMENDATIONS**

These recommendations are based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESC.
5	C11.1	The registered manager should ensure that an incident policy and procedure is developed which includes reporting arrangements to RQIA.  <b>Ref: Standard C10</b>	One	Completed	Within two months
6	P2.2	The registered manager should ensure that the local rules are updated to include reporting adverse incidents to RQIA in line with RQIA guidance and regional reporting arrangements.  <b>Ref: Standard P2</b>	Three	Completed	Within two months
7	P2.2	The registered manager should ensure that the protective eyewear to be used by the operator and the client is clearly outlined within the local rules.  <b>Ref: Standard P4</b>	One	Completed	Within two months
8	C16.2	The registered manager should ensure the management of records policy is updated as outlined in the main body of the report.  <b>Ref: 7.2</b>	Two	Completed	Within two months

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Jo Browne  
The Regulation and Quality Improvement Authority  
9th floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

SIGNED: BRunnel

NAME: Barbara Russell  
Registered Provider

DATE 29<sup>th</sup> Sept 2014

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_  
Registered Manager

DATE \_\_\_\_\_

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		JBrowne	16/10/14
B	Further information requested from provider				



**The Regulation and  
Quality Improvement  
Authority**



### **Pre-Inspection Self-Assessment Laser/IPL Service**

<b>Name of Establishment:</b>	<b>Destination Skin</b>
<b>Establishment ID No:</b>	<b>10675</b>
<b>Date of Inspection:</b>	<b>17 June 2014</b>
<b>Inspector's Name:</b>	<b>Jo Browne</b>
<b>Inspection No:</b>	<b>17476</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.0 Self-Assessment**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

### 3.0 Self-Assessment Tool

#### Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		NO
Have any changes been made to the management structure of the establishment since the previous inspection?	yes	
<b>Yes, please comment</b> Compliance manager. Kelli Ann Mottalanin (Matt cover) Kay Davis.		

#### Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	yes	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	yes	
Do all policies and procedures contain the date of issue, date of review and version control?	yes	
Are all policies and procedures ratified by the registered person?	yes	
<b>No, please comment</b>		

#### Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	yes	
Are care records maintained for each individual client?	yes	
Are arrangements in place to securely store client care records?	yes	
<b>No, please comment</b>		



### Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	yes	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	yes	
No, please comment		

### Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	yes	
No, please comment		

### Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	yes	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	yes	
No, please comment		

### Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	yes	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	yes	
No, please comment		

### Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	yes	
Are appropriate arrangements in place to decontaminate equipment between clients?	yes	
No, please comment		

### Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	yes	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	yes	
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	yes	
No, please comment		

### **Mandatory Training**

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	yes	
Are training records available which confirm that the following mandatory training has been undertaken:		
<b>AUTHORISED USERS</b>	<b>YES</b>	<b>NO</b>
Core of knowledge training – within the past 5 year years	yes	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	yes	
Infection prevention and control training – annually	yes	
Fire safety – annually	yes	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	yes	
<b>OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)</b>	<b>YES</b>	<b>NO</b>
Laser safety awareness training – annually	yes	
If No, please comment		

### **Appraisal**

	YES	NO
Does the establishment have an appraisal policy and procedure in place?	yes	
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	yes	
No, please comment		

### Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?	YES.	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?		N/A
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?		N/A
Are arrangements in place to ensure medical practitioners have a responsible officer?		N/A.
<b>No, please comment</b>		

### Lasers/IPL Service

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	YES.	
Has the establishment an up to date LPA report?	YES.	
Has the establishment an up to date risk assessment undertaken by their LPA?	YES.	
Does the establishment have up to date local rules in place?	YES.	
Does the establishment have up to date medical treatment protocols in place?	YES.	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	YES.	
Does the establishment have arrangements in place for a medical support service?	YES.	
Does the establishment have a list of authorised users?	YES.	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	YES.	
Does the establishment have protective eyewear in place, as outlined in the local rules?	YES.	
Is the controlled area clearly defined?	YES.	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	YES.	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	YES.	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	YES.	
Does the establishment have a laser/IPL safety file in place?	YES.	

Does the establishment have a laser/IPL register(s) in place?		
<b>No, please comment</b>		

#### 4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

**I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.**

Name	Signature	Designation	Date