Announced Care Inspection Report
27 February 2020

The Cottage Health and Beauty Spa

Type of Service: Independent Hospital (IH) – Cosmetic Laser/Intense Pulse Light (IPL) Service
Address: 7 Old Moy Road, Dungannon, BT71 6PS
Tel No: 028 8775 3378
Inspector: Emily Campbell

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

1.0 What we look for

2.0 Profile of service

The Cottage Health and Beauty Spa was initially registered with RQIA on 9 February 2009 and was sold to the Cottage Dungannon Limited during December 2018. Following a new application for registration under the new entity, the establishment was registered with RQIA on 16 December 2019.

The establishment is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology (PT): PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a laser/IPL machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.

Laser/IPL equipment

Manufacturer: Ellipse
Model: Nordlys Nordus Frax 1550
Serial Number: (21) 18120728

The Ellipse Nordus Frax machine is a multi-platform machine that is capable of providing both laser and IPL treatments by changing the treatment heads. Laser and IPL treatments heads are available in the establishment.

Laser protection advisor (LPA)
Mr Simon Wharmby (Laser safe)

Laser protection supervisor (LPS)
Mrs Grace O'Kane

Medical support services
Dr Mervyn Patterson (Woodford Medical)

Authorised operators
Mrs Grace O'Kane

Treatments using the laser treatment head
Fungal nail
Vascular lesions
Skin resurfacing

Treatments using the IPL treatment heads
Hair removal
Skin rejuvenation (Rosacea/vascular and pigmentation)

3.0 Service details

Organisation/Registered Provider: The Cottage Health and Beauty Spa **Responsible Individual:** Mr John O'Kane	**Registered Manager:** Mrs Grace O'Kane
Person in charge at the time of inspection: Mrs Grace O'Kane	**Date manager registered:** 16 December 2019
Categories of care: Independent Hospital (IH) – PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers And PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 27 February 2020 from 10:25 to 13:05.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidence in all four domains. These included the arrangements for safeguarding, the management of medical emergencies, information provision, the care pathway, and governance and maintenance arrangements.

Six areas for improvement were identified. One area for improvement against the regulations was made to ensure the recommendations made by the laser protection advisor (LPA) are addressed. Five areas for improvement against the standards were made. These related to core of knowledge training, review of the laser safety file, the LPA service level agreement, the medical support officer's qualifications and decontamination of equipment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr John O'Kane, responsible individual, and Mrs Grace O'Kane, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 28 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 March 2019.

5.0 How we inspect

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

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

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

During the inspection the inspector met with Mrs Grace O'Kane, registered manager, a receptionist and a beauty therapist. Mr John O'Kane, responsible individual, was available during the latter part of the inspection. A tour of some areas of the premises was also undertaken.

The following records were examined during the inspection:

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

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

The findings of the inspection were provided to Mr and Mrs O'Kane at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 March 2019

The most recent inspection of the establishment was an announced pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 **Stated:** First time	The applicant responsible individual must ensure that the registration application entitled 'Part A information about the establishment', the statement of purpose and photographs of the applicant responsible individual and applicant registered manager are submitted to RQIA.	**Met**
	Action taken as confirmed during the inspection: The above information was submitted to RQIA. RQIA registration was approved on 16 December 2019.	
Area for improvement 2 **Ref**: Regulation 39 (2) **Stated:** First time	The applicant responsible individual must inform the appointed laser protection advisor (LPA) that the Ellipse Nordus Frax multi-platform machine has been installed. Local rules issued by the LPA in respect of this machine must be available in the establishment.	**Met**
	Action taken as confirmed during the inspection: Local rules had been produced by the LPA in May 2019.	

Area for improvement 3 **Ref:** Regulation 39 (1) **Stated:** First time	The applicant responsible individual must inform the appointed medical practitioner who devises medical treatment protocols that the Ellipse Nordus Frax multi-platform machine has been installed. Medical treatment protocols must be in place for every treatment provided using this machine.	**Met**
	Action taken as confirmed during the inspection: Medical treatment protocols produced by Ellipse, in respect of the laser and IPL treatments, had been verified by Dr Mervyn Patterson, the medical practitioner who provides medical support services to the establishment.	
Area for improvement 4 **Ref:** Regulation 4 (1) (a) **Stated:** First time	The applicant responsible individual must retain written confirmation that the Ellipse Nordus Frax multi-platform machine meets the British Standard EN 60825-1. This confirmation should be provided by the company that supplied the machine or the LPA.	**Met**
	Action taken as confirmed during the inspection: The Ellipse Nordus Frax multi-platform machine manual confirms that it meets the British Standard EN 60825-1.	
Area for improvement 5 **Ref:** Article 12 (1) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	The applicant responsible individual must ensure that all treatments provided using the Ellipse Nordus Frax multi-platform machine cease with immediate effect. Treatments can only be provided once The Cottage Dungannon (Limited) has been registered with RQIA.	**Not met**
	Action taken as confirmed during the inspection: Review of the laser/IPL register evidenced that this area for improvement had not been met. Mr and Mrs O'Kane confirmed that the laser/IPL treatments had been provided for financial reasons. Although this area for improvement has not been met, the establishment is now registered with RQIA and therefore no longer applies.	

Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 **Ref**: Standard 48.13 **Stated:** First time	The applicant responsible individual shall ensure that all support staff have complete laser/IPL safety awareness training on an annual basis. A record should be made of this training to include, the date of training, topics discussed and signatures of support staff who attended.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that support staff had completed laser/IPL safety awareness training in May 2019. Staff spoken with evidenced good awareness of the laser/IPL safety arrangements.	
Area for improvement 2 **Ref**: Standard 1.7 **Stated:** First time	The applicant responsible individual shall ensure that an advertising policy is developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.	**Met**
	Action taken as confirmed during the inspection: An advertising policy template was available, however, it had not been localised to the establishment. This was completed during this inspection.	
Area for improvement 3 **Ref**: Standard 48.3 **Stated:** First time	The applicant responsible individual shall ensure that written confirmation of the appointment of the medical practitioner who devises medical treatment protocols is available.	**Met**
	Action taken as confirmed during the inspection: Written confirmation was provided by Dr Patterson evidencing that he was contracted to provide medical support services from 5 April 2019 for one year.	

Area for improvement 4 **Ref**: Standard 10.7 **Stated:** First time	The applicant responsible individual shall ensure that a copy of the employer's liability and professional indemnity insurance certificates are submitted to RQIA upon return of this quality improvement plan (QIP).	**Met**
	Action taken as confirmed during the inspection: Mr and Mrs O'Kane confirmed that employer's liability and professional indemnity insurance was submitted to RQIA. Current employer's liability and professional indemnity insurance is valid to 15 May 2020.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Mrs O'Kane confirmed that she is the sole authorised operator of the laser/IPL machine and that treatments are only carried out by her. A register of authorised operators for the laser/IPL is maintained and kept up to date.

Mrs O'Kane confirmed that should authorised operators be recruited an induction programme would be provided.

A review of training records evidenced that Mrs O'Kane had up to date training in application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. However, core of knowledge training was out of date; an area for improvement against the standards was made in this regard. Mrs O'Kane advised that she planned to complete this training on 2 March 2010.

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Mrs O'Kane confirmed that two current staff will be trained in the near future to become authorised operators. Mrs O'Kane was advised that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of these staff who will be undertaking a new role. A recruitment checklist was provided to Mrs O'Kane by email on 27 February 2020 to assist in this matter.

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

Safeguarding

It was confirmed that laser/IPL treatments are not provided to persons under the age of 18 years.

Mrs O'Kane was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs O'Kane had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that Mrs O'Kane has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Laser/IPL safety

The laser safety file reviewed was disorganised and did not contain all of the relevant information in relation to the laser/IPL equipment. Other relevant information was available elsewhere in the establishment or was held electronically by Mr O'Kane. An area for improvement against the standards was made to review the laser safety file and ensure that all relevant information pertaining to laser/IPL equipment is obtained and retained in the file.

The LPA had carried out a risk assessment and developed local rules in May 2019, however, there was no written confirmation of the appointment of the LPA, the contracted dates of the service level agreement or evidence of the LPA's certification. An area for improvement against the standards was made that a copy of the service level agreement, including the contracted dates, between the establishment and the LPA, and evidence of the LPA's certification is obtained and retained in the laser safety file.

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/laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 16 May 2019. Recommendations made by the LPA have not been signed off as addressed. One recommendation was to provide the LPA with photographs of protective eyewear; Mr and Mrs O'Kane could not confirm this had been done and there was no reference of a response from the LPA in this regard. An area for improvement against the regulations was made that recommendations made by the LPA in the risk assessment are addressed and signed off on

completion. Any further advice from the LPA regarding the protective eyewear should be actioned.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Ellipse and verified by Dr Mervyn Patterson on 5 April 2019. The medical treatment protocols contained the relevant information pertaining to the treatments being provided. As discussed previously, written confirmation was provided by Dr Patterson evidencing that he was contracted to provide medical support services from 5 April 2019 for one year. However, there was no record of Dr Patterson's qualifications to evidence that he is trained and experienced to undertake the role of medical support officer. An area for improvement against the standards was made in this regard.

Mrs O'Kane is the laser protection supervisor (LPS) and has overall responsibility for safety during laser/IPL treatments and a list of authorised operators is maintained. Mrs O'Kane as the sole authorised operator had signed to state that she had read and understood the local rules and medical treatment protocols.

When the laser/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 laser/IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. However as previously discussed, the LPA has recommended the provision of a blackout blind; this matter is included within an area for improvement made against the regulations. The door to the treatment room is locked when the laser/IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser/IPL equipment is operated using a key and keypad passcode. Arrangements are in place for the safe custody of the key/keypad code when not in use.

Protective eyewear is available for the client and operator; it was unclear if the eyewear was as outlined in the local rules; as discussed previously the LPA has asked for further information regarding eyewear. This matter is included in an area for improvement made against the regulations.

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. Mrs O'Kane provided assurances that the wall mounted mirror in the treatment room would be removed or covered when laser/IPL treatments are being provided.

The establishment has an electronic laser/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

The laser/IPL machine was commissioned on 9 January 2019 and documentary evidence from the supplier confirmed that servicing would be carried out on 20 March 2020.

Management of emergencies

As discussed, Mrs O'Kane has up to date training in basic life support. Discussion with Mrs O'Kane confirmed she was aware 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 O'Kane identified that the arrangements for the decontamination of the laser/IPL heads between use need to be further developed. An area for improvement against the standards was made to ensure that the laser/IPL equipment is decontaminated between use, in line with the manufacturer's instructions. This information should also be included in the establishment's infection control policy. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Mrs O'Kane has up to date training in infection prevention and control.

Risk Management

Mrs O'Kane confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed and arrangements were in place for maintaining the environment.

Arrangements were in place for maintaining the environment. This included portable appliance testing (PAT), fire safety equipment servicing and review of the fire and legionella risk assessments.

Environment

The premises were maintained to a good standard of maintenance and décor. Mrs O'Kane confirmed that cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher was available. The CO2 extinguisher is due to be serviced in March 2020.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, adult safeguarding, management of emergencies, risk management and the environment.

Areas for improvement

Core of knowledge training should be undertaken by the authorised operator.

Review the laser safety file and ensure that all relevant information pertaining to laser/IPL equipment is obtained and retained in the file.

A copy of the service level agreement, including the contracted dates, between the establishment and the LPA, and evidence of the LPA's certification should be obtained and retained in the laser safety file.

Recommendations made by the LPA in the risk assessment should be addressed and signed off on completion. Any further advice from the LPA regarding the protective eyewear should be actioned.

A copy of Dr Patterson's qualifications to evidence that he is trained and experienced to undertake the role of medical support officer should be obtained and retained in the laser safety file.

Ensure that the laser/IPL equipment is decontaminated between use, in line with the manufacturer's instructions. This information should also be included in the establishment's infection control policy.

	Regulations	Standards
Areas for improvement	1	5

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser/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.

Three client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

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

The management of records policy was not reviewed during this inspection. Mrs O'Kane confirmed that patients should have the right to apply for access to their clinical records in

accordance with the General Data Protection Regulations May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

Audits

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

It was suggested that client record audits should be undertaken when new authorised operators are recruited as part of the establishment's quality assurance process.

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.

As discussed previously, an advertising policy template was available, however, it had not been localised to the establishment. This was completed during this inspection.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity respect and involvement with decision making

Discussion with Mrs O'Kane 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 and electronic records are password protected.

Mrs O'Kane confirmed that client satisfaction surveys will be carried out by the establishment on and the results of these will be collated an annual basis to provide a summary report which is made available to clients and other interested parties. An action plan will be developed to inform and improve services provided, if appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance

Mrs O'Kane has overall responsibility for the day to day management of the service and as previously stated, does not currently employ any staff in relation to the delivery of the laser/IPL service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mr O'Kane, as the responsible individual was advised that he should undertake these visits and prepare a report which should be made available to clients, their representatives, staff, RQIA and any other interested parties to read. An action plan should be developed to address any issues identified which include timescales and person responsible for completing the action. A sample template for recording Regulation 26 unannounced quality monitoring visits had been emailed to Mr O'Kane on 28 March 2019 following the pre-registration inspection.

Mrs O'Kane is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with laser/IPL treatments. It was confirmed that policies and procedures would be reviewed on at least a three yearly basis.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the client guide. Mrs O'Kane was knowledgeable about how to respond to complaints.

Mrs O'Kane confirmed that there had been no complaints received since the previous inspection and that that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. If a complaint is made a record of the complaint would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Mrs O'Kane 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.

A whistleblowing/raising concerns policy was available.

Mr and Mrs O'Kane demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. There was a substantial delay in submitting required information to RQIA before registration could be approved. Mr and Mrs O'Kane must ensure that going forward; information requested by RQIA should be submitted within the specified timeframes. Mr and Mrs O'Kane confirmed that the statement of purpose and client guide will be 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs O'Kane.

6.9 Client and staff views

Four clients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. One client made a comment indicating they felt confident regarding the service and the professionalism of the team.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr John O'Kane, responsible individual, and Mrs Grace O'Kane, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 27 April 2020	The registered person shall ensure that recommendations made by the laser protection advisor (LPA) in the risk assessment are addressed and signed off on completion. Any further advice from the LPA regarding the protective eyewear should be actioned. Ref: 6.4
	Response by registered person detailing the actions taken: MET AS PER EQUIPMENT MANUAL
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref**: Standard 48.12 **Stated:** First/ time **To be completed by:** 27 March 2020	The registered person shall ensure that core of knowledge training is undertaken by the authorised operator Ref: 6.4
	Response by registered person detailing the actions taken: MET CERTIFICATES INCLUDED
Area for improvement 2 **Ref**: Standard 48.21 **Stated:** First/ time **To be completed by:** 27 March 2020	The registered person shall review the laser safety file and ensure that all relevant information pertaining to the laser/IPL equipment is obtained and retained in the file. Ref: 6.4
	Response by registered person detailing the actions taken: MET AS PER LASER TREATMENT MANUAL

Area for improvement 3 **Ref**: Standard 48.6 **Stated:** First time **To be completed by:** 27 March 2020	The registered person shall ensure that: • a copy of the service level agreement, including the contracted dates, between the establishment and the LPA is obtained and retained in the laser safety file • evidence of the LPA's certification is obtained and retained in the laser safety file Ref: 6.4
	Response by registered person detailing the actions taken: MET
Area for improvement 4 **Ref**: Standard 48.3 **Stated:** First time **To be completed by:** 27 March 2020	The registered person shall ensure that a copy of Dr Mervyn Patterson's qualifications to evidence that he is trained and experienced to undertake the role of medical support officer is obtained and retained in the laser safety file. Ref: 6.4
	Response by registered person detailing the actions taken: Met
Area for improvement 5 **Ref**: Standard 20.5 **Stated:** First time **To be completed by:** 27 March 2020	The registered person shall ensure that the laser/IPL equipment is decontaminated between use, in line with the manufacturer's instructions. This information should also be included in the establishment's infection control policy. Ref: 6.4
	Response by registered person detailing the actions taken: MET

Please ensure this document is completed in full and returned via Web Portal

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