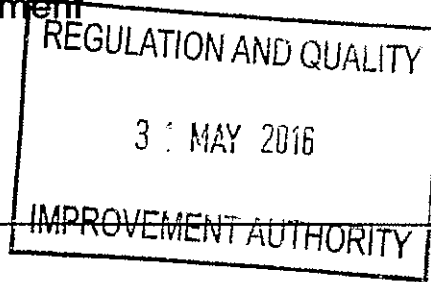


The Regulation and
Quality Improvement
Authority

The Cottage Health and Beauty Spa
RQIA ID: 10755
7 Old Moy Road
Dungannon
BT71 6PS

Inspector: Emily Campbell
Inspection ID: IN022110



Tel: 028 8775 3378

**Announced Care Inspection
of
The Cottage Health and Beauty Spa
9 March 2016**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 9 March 2016 from 9.45 to 12.20. On the day of the inspection the establishment was generally found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (2014).

1.1 Actions/Enforcement Taken Following the Last Care Inspection

No actions were required to be taken following the last care inspection on 14 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the Mrs Alison Blair, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Alison Blair	Registered Manager: Mrs Alison Blair
Person in Charge of the Establishment at the Time of Inspection: Mrs Alison Blair	Date Manager Registered: 9 February 2009
Categories of Care: PT (IL) - Prescribed techniques or prescribed technology: establishments using intense light sources.	

IPL Equipment

Manufacturer: Energist
 Model: Energist Ultra Plus VPL System
 Serial Number: P02087
 Laser Class: IPL

Laser Protection Advisor (LPA)

Mr Philip Loan

Laser Protection Supervisor (LPS)

Mrs Alison Blair

Medical Support Services

Dr Maria Gonzales

Authorised Users

Mrs Alison Blair

Types of Treatment Provided:

- Hair removal
- Skin rejuvenation
- Vascular blemishes
- Fine thread veins

3. Inspection Focus

The inspection sought to determine if the following standards have been met:

Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 48	Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mrs Blair, Registered Person.

The following records were examined during the inspection:

- Seven client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

5 The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 14 January 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 14 January 2015

As above.

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process with Mrs Blair confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations and discussion with Mrs Blair confirmed that manual and electronic client care records were stored securely.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with Mrs Blair and review of seven client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

The Cottage Health and Beauty Spa obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issues feedback questionnaires to clients on an ongoing basis. The information received from the client feedback questionnaires is collated into a summary report which is made available to clients and other interested parties to read in the waiting area of the establishment. 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 coming to The Cottage. Alison explains everything very well and takes her time'
- 'I find the present standard is excellent'
- 'Girls are all lovely and welcoming and couldn't do more for you'
- 'Very pleased with the results. Would recommend'
- 'Everything has been fantastic. I am very impressed with the service'
- 'Overall very good'
- 'Very happy'

It was confirmed through discussion that comments received from clients are reviewed by Mrs Blair and if required an action plan is developed and implemented to address any issues identified.

Is Care Compassionate?

Review of care records and discussion with Mrs Blair confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Blair confirmed that complainants would be kept informed of any delays and the reason for this.

Discussion with Mrs Blair confirmed that information from complaints would be used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

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 January 2014 to 31 March 2015.

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Mrs Blair demonstrated a good understanding of complaints management.

Review of the complaints register noted no complaints had been received by the establishment but the records evidenced that there were systems in place to ensure complaints are well documented, fully investigated and outcomes recorded in line with the complaints procedure and legislation.

A complaints audit is in place if necessary as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Client Guide.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Mrs Blair confirmed that in the event of a complaint being made, the complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.6 Standard 48 - Laser and Intense Light Sources.

Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 31 March 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Maria Gonzales on 12 December 2015. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 10 April 2015.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

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.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 19 March 2015 and no recommendations were made.

Authorised user are required to complete training in core of knowledge and the safe use and application of the IPL equipment every five years and mandatory basic life support training annually. However, review of training records evidenced that this training is overdue and a requirement was made in this regard.

Review of the training records confirmed that the authorised user had undertaken the following required mandatory training in line with RQIA guidance:

- Fire safety annually
- Infection prevention and control annually

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

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.

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

Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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.

Is Care Effective?

The establishment has a 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

Seven client care records were reviewed. The client record includes:

- Client details
- Medical history
- Signed consent form
- Skin assessment (where appropriate)
- Patch test (where appropriate)

However, the record of treatment given including the precise exposure delivered at each session is not consistently recorded in the client record. A recommendation was made in this regard.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 15 September 2015 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

Is Care Compassionate?

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.

Areas for Improvement

Authorised user training must be updated in relation to core of knowledge, safe use and application of the IPL equipment and basic life support.

The record of treatment given, including the precise exposure, at each session should be recorded in the client record.

Number of Requirements:	1	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.7 Additional Areas Examined

5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since the last inspection. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA Registration and Insurance Arrangements

Discussion with Mrs Blair regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the treatment room of the premises.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Alison Blair, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 18 (2)
(a)

Stated: First time

To be Completed by:
9 June 2016

The registered person must ensure that the following authorised user training is updated:

- core of knowledge
- safe use and application of the IPL equipment
- basic life support

Response by Registered Person(s) Detailing the Actions Taken:

Plans have been made to carry out Core of knowledge training & Basic life support in June 2016 as required.

Recommendations

Recommendation 1

Ref: Standard 48.10



Stated: First time

To be Completed by:
9 March 2016

The record of treatment given including the precise exposure at each session should be recorded in the client record.

Response by Registered Person(s) Detailing the Actions Taken:

I now complete individual record of treatment given in two locations on patient treatment register & also electronic data recorded on their own profile notes on computer data base system in Salon

Registered Manager Completing QIP		Date Completed	25/5/16
Registered Person Approving QIP		Date Approved	25/5/16
RQIA Inspector Assessing Response		Date Approved	

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



The **Regulation** and
Quality Improvement
Authority

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	06/06/2016
--	------------------	----------------------	------------