

Announced Care Inspection Report 3 August 2016



Laser Solutions @ Aaromatica

**Type of Service: Independent Hospital - Cosmetic Laser/Intense Pulsed
Light (IPL) Service**

Address: 343 Ormeau Road, Belfast, BT7 3GL

Tel No: 02890692500

Inspector: Winnie Maguire accompanied by Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Laser Solutions @ Aaromatica took place on 3 August 2016 from 11:00 to 15:00.

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

Is care safe?

Observations made, review of documentation and discussion with Ms Michelle Deighan Registered Person and the sole authorised user for the IPL service demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, laser safety, management of medical emergencies, infection prevention control and the general environment. Issues identified in relation to the safeguarding policy, basic life support training, infection prevention control and minor amendments to the local rules were addressed either on the day of inspection or immediately following inspection. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms Deighan demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Deighan demonstrated that arrangements are in place to promote clients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care.

Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments 2014.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Michelle Deighan, Registered Person as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Ms Michelle Deighan	Registered manager: Ms Michelle Deighan
Person in charge of the home at the time of inspection: Ms Michelle Deighan	Date manager registered: 21 September 2009
Categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL equipment

Manufacturer: Ellipse
 Model: Light SPT Intense Pulsed Light System
 Serial Number: 05030347
 Laser Class: 4

Laser Protection Advisor (LPA) - Lasermet; Mr Irfan Azam

Laser Protection Supervisor (LPS) - Ms Michelle Deighan

Medical support services - Dr Paul Myers

Authorised users - Ms Michelle Deighan

Types of treatment provided – Hair removal, skin rejuvenation, vascular/thread veins and pigmentation.

3.0 Methods/processes

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. No staff questionnaires were issued on behalf of RQIA, as Ms Deighan is the sole authorised user in the IPL service and no other staff are employed by the establishment for the purposes of the IPL service. No clients returned completed questionnaires to RQIA. Prior to inspection we analysed the following records: notifications and the complaints declaration

During the inspection the inspector met with Ms Michelle Deighan registered person and authorised user. A tour of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 July 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 28 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 23(3) (4) (7) Stated: First time	The registered manager must recognise and manage complaints in line with legislation and the establishment's complaints procedure.	Met
	Action taken as confirmed during the inspection: The establishment has not received any complaints since the last inspection. Ms Deighan demonstrated a greater understanding of complaints management.	
Requirement 2 Ref: Regulation 18(2) Stated: First time	The registered person/manager as an authorised user must undertake an update in core of knowledge training	Met
	Action taken as confirmed during the inspection: Ms Deighan undertook core of knowledge training on 12 October 2015.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 48 Stated: First time	It is recommended that the registered person/manager should remove the IPL machine serial number 03040310 from the treatment room and the local rules should be amended accordingly.	Met
	Action taken as confirmed during the inspection: The IPL machine serial number 03040310 has been removed from the treatment room and the local rules have been amended accordingly.	

4.3 Is care safe?

Staffing

Discussion with Ms Deighan confirmed that there is no other staff involved in the delivery of IPL services in the establishment.

It was confirmed that IPL treatments are only carried out by Ms Deighan, the sole authorised user. A register of authorised users for the IPL is maintained and kept up to date.

A review of training records evidenced that Ms Deighan had up to date training in core of knowledge training, application training for the equipment in use, infection prevention and control, fire safety and protection of adults at risk of harm. Ms Deighan confirmed arrangements are in place to undertake basic life support training in October 2016.

Recruitment and selection

There have been no authorised users recruited since the previous inspection. During discussion Ms Deighan confirmed that whilst it was not her intention to recruit any staff for the IPL service, should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. Ms Deighan confirmed that she would ensure the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise, were accurate and up to date. She agreed to sign that she has read and understood the policies and procedures.

Laser safety

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. Ms Deighan confirmed the LPA was due to visit in the coming weeks.

Laser procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Paul Myers and revalidated in July 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules are in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises in July 2015 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised users is maintained. The authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.

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

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear was available for the client and operator as outlined in the local rules. It was suggested the local rules are amended on the next LPA visit to accurately reflect the manufacturer of the total block eye shields.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

It was noted abbreviations are used to record treatment details in the register. To provide clarity, it was suggested a code corresponding to the abbreviations is outlined in the front of the register.

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

Management of emergencies

As discussed, the authorised user has arranged up to date training in basic life support. Discussion 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 Ms Deighan evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. It was advised to wall mount the liquid soap dispenser and complete written details on the sharp box. As discussed previously, Ms Deighan has up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Client and staff views

No clients submitted questionnaire responses to RQIA.

No staff questionnaires were issued on behalf of RQIA, as Ms Deighan is the sole authorised user in the IPL service.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Care pathway

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

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Six client care records were reviewed. There was an accurate and up to date treatment record for each client which included:

- 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)

It was noted that the client signs that there are no changes to their medication or medical history prior to receiving each IPL treatment. This is to be commended.

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.

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Client and staff views

As outlined previously.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity respect and involvement with decision making

Discussion with Ms Deighan regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised user present. Ms Deighan outlined how modesty and dignity is provided for, through dignity drapes, disposable underwear and allowing the client to undress and dress in private in a locked treatment room.

Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinet.

Client satisfaction surveys are carried out by the establishment on an annual basis. The most recent survey had been carried out in July 2016 and Ms Deighan confirmed she will collate the findings to provide a summary report which will be made available to clients and other interested parties.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. No written comments were provided.

Client and staff views

As outlined previously.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Management and governance

Ms Deighan is the only authorised user and is in day to day management of the establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

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

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

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed.

Discussion with Ms Deighan confirmed that arrangements were in place to review the effectiveness and quality of care delivered to service users at appropriate intervals through client surveys and reflective practice.

Ms Deighan confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available however not applicable to this establishment.

Ms Deighan demonstrated an understanding of her role and responsibility in accordance with legislation. On occasions information requested by RQIA has been submitted outside specified timeframes. Ms Deighan confirmed she would be more vigilant to ensure timely communications with RQIA.

It was confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request. A minor amendment was made to the client guide following inspection.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Client and staff views

As outlined previously.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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



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