

Announced Care Inspection Report 21 January 2020



JM Beauty Limited T/A Skin Medi Spa

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/Intense Pulse Light (IPL) Service**
Address: 1 Surrey Street, Lisburn Road, Belfast, BT9 7FR
Tel No: 028 9068 1066
Inspector: Emily Campbell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

JM Beauty Limited T/A Skin Medi Spa is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L) and /or establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA. The service is not currently providing treatments using a laser.

The service was previously registered with RQIA under Saul Limited T/A Skin Medi Spa. Following a change of entity, application for registration was submitted under JM Beauty Limited and registration was approved on 6 June 2019. Ms Judith Mulgrew remains the responsible individual and registered manager of the service.

IPL equipment

- Manufacturer: Lumenis
- Model: Quantum SR
- Serial Number: 007-04778
- Wavelength: 515 – 1200nm

Laser Protection Advisor (LPA)

- Mr Irfan Azam (Lasermet)

Laser Protection Supervisor (LPS)

- Ms Judith Mulgrew

Medical support services

- Dr Paul Myers (Lasermet)

Authorised operators

- Ms Judith Mulgrew and Ms Linda McCulloch

Types of treatment provided:

- Hair removal, skin rejuvenation, red vein treatment, acne, pigmentation

3.0 Service details

Organisation/Registered Provider: JM Beauty Limited	Registered Manager: Ms Judith Mulgrew
Responsible Individual: Ms Judith Mulgrew	
Person in charge at the time of inspection: Ms Judith Mulgrew	Date manager registered: 22 February 2017
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 21 January 2020 from 10:20 to 12:05.

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.

The establishment is currently registered as a limited company. Ms Mulgrew notified RQIA that the entity of the establishment was changing to a sole owner; as the entity of the establishment has changed a new application for registration has to be submitted to RQIA. Ms Mulgrew submitted a part application on 13 December 2019.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, the care pathway, governance and maintenance arrangements.

Two areas requiring improvement were identified. One area for improvement against the regulations was made to submit the outstanding items in relation to the application for registration under the new entity of sole owner. One area for improvement was made against the standards to provide written information to clients which outlines the treatment provided, any risks, complications and expected outcomes.

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	1

Details of the quality improvement plan (QIP) were discussed with Ms Judith Mulgrew, registered person, 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 2 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 January 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 issued by RQIA to the establishment to be provided to clients prior to the inspection. In addition a poster inviting staff to complete an electronic questionnaire and a poster informing clients that an inspection was being conducted was issued. Ms Mulgrew advised that she had not received these. This matter will be followed up internally in RQIA.

During the inspection the inspector met with Ms Judith Mulgrew, registered person.

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 Ms Mulgrew at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 January 2019

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

6.2 Review of areas for improvement from the last care inspection dated 2 January 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: Regulation 39 (2) Stated: First time	The registered person shall ensure that a risk assessment has been completed by the laser protection advisor (LPA). Any recommendations made should be addressed and signed and dated on completion.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that the LPA undertook a risk assessment and site audit on 25 January 2019. No recommendations were made by the LPA.	
Area for improvement 2 Ref: Regulation 39 (2) Stated: First time	The registered person shall ensure that the protective eyewear provided is as outlined in the local rules.	Met
	Action taken as confirmed during the inspection: Protective eyewear provided was as outlined in the local rules as confirmed by the LPA during the site audit on 25 January 2019.	

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 3.1 Stated: Second time	<p>The registered person shall that ensure that policies and procedures for the safeguarding and protection of adults and children at risk of harm are updated to reflect current regional guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: The safeguarding policies had been reviewed in February 2019. The safeguarding adults policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult at risk of harm. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.</p> <p>It was confirmed that IPL treatments are not provided to persons under the age of 18 years. A basic safeguarding children policy was available which included the relevant contact details for onward referral to the local Gateway service should a safeguarding issue arise.</p>	
Area for improvement 2 Ref: Standard 48 Stated: Second time	<p>The registered person shall ensure that an updated certificate of the qualifications of the LPA is provided and available for inspection.</p>	
	<p>Action taken as confirmed during the inspection: Review of documentation evidenced the LPA competence certificate which was dated 1 November 2016 and is valid for five years.</p>	
Area for improvement 3 Ref: Standard 13.3 Stated: First time	<p>The registered person shall ensure that the newly recruited authorised operator and any authorised operators employed in the future should complete an induction programme.</p> <p>A record of the induction should be retained.</p>	Met
	<p>Action taken as confirmed during the inspection: A completed written induction programme had been completed for the authorised operator referred to above. No new authorised operators have been recruited since the previous inspection, however, Ms Mulgrew</p>	

	confirmed that in the event of any recruitment an induction programme would be provided and recorded.	
Area for improvement 4 Ref: Standard 19.5 Stated: First time	The registered person shall ensure that policies and procedures are reviewed and updated as necessary.	Met
	Action taken as confirmed during the inspection: Observations made confirmed that policies and procedures had been reviewed in February 2019 and a three year review date identified.	

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

Discussion with Ms Mulgrew, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms Mulgrew, confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. Basic life support training for both authorised operators expired in December 2019, however, Ms Mulgrew confirmed that refresher training had been booked for February 2020.

There are currently no other staff employed at the establishment. Ms Mulgrew confirmed that if staff are employed in the future who are not directly involved in the use of the IPL equipment, they would be provided with laser safety awareness training.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Ms Mulgrew confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Ms Mulgrew 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 all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

The safeguarding adult's policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult at risk of harm. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

As discussed previously, IPL treatments are not provided to persons under the age of 18 years. A basic safeguarding children policy was available which included the relevant contact details for onward referral to the local Gateway service should a safeguarding issue arise.

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.

IPL safety

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 15 June 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2017 and reviewed on 19 June 2019. 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 were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment and site audit of the premises on 25 January 2019 and no recommendations were made by the LPA.

Ms Mulgrew, as the laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained.

Authorised operators have signed to state that they have 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. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

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

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

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

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

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure

The IPL register was updated during the inspection to facilitate entry of any accident or adverse incident.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report dated July 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed previously, basic life support training for both authorised operators expired in December 2019; however, Ms Mulgrew confirmed that refresher training had been booked for February 2020. Discussion with Ms Mulgrew confirmed she was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Mulgrew evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Risk Management

Ms Mulgrew confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Ms Mulgrew demonstrated that arrangements were in place to review risk assessments.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place. Ms Mulgrew agreed to remove cleaning solutions from the toilet facility to prevent unauthorised access, in keeping with Control of Substances Hazardous to Health (COSHH) guidance.

Arrangements were in place for maintaining the environment. This included servicing of fire detection systems/fire-fighting equipment.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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.

Ms Mulgrew confirmed that written information has not been provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes, since the introduction of an electronic client record system. An area for improvement against the standards was made in this regard to further enable the client to make choices about their care and treatment and provide informed consent.

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.

Four 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)

Ms Mulgrew was advised that details of the client's next of kin should also be included with the client details.

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

Discussion with Ms Mulgrew and review of the management of records policy confirmed that patients 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.

Communication

Ms Mulgrew confirmed that clients are verbally provided with an explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes, during the initial assessment and throughout the course of treatment. As discussed, written information should also be provided.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records.

Areas for improvement

Written information should be provided to clients pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes.

	Regulations	Standards
Areas for improvement	0	1

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 Ms Mulgrew 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 form at the initial consultation and subsequent treatment sessions. As discussed previously, an area for improvement was made that written information should also be provided to further enable 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.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate. Review of the most recent survey indicated a high level of satisfaction.

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.

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

There was a clear organisational structure within the establishment and Ms Mulgrew has overall responsibility for the day to day management of the service. Arrangements were in place to facilitate annual staff appraisal.

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. Ms Mulgrew is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Ms Mulgrew notified RQIA previously that the entity of the establishment was changing from an organisation to a sole owner; Ms Mulgrew will remain as the registered person. When the entity of an establishment changes; a new application for registration must be submitted to RQIA. Ms Mulgrew submitted an application on 13 December 2019; however, some information in relation to the application is still outstanding. An area for improvement against the regulations was made that the outstanding items in relation to the application for registration, as advised to Ms Mulgrew by the registration team, are submitted to RQIA at the earliest opportunity.

Policies and procedures were available for staff reference. As discussed previously, observations made confirmed that policies and procedures had been reviewed in February 2019 and a three year review date identified.

There was a complaints policy and procedure available in the establishment and Ms Mulgrew demonstrated a good awareness of complaints management. There have been no complaints since the previous inspection; however, Ms Mulgrew confirmed that systems are in place to record complaints including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Ms Mulgrew 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, made available to key staff in a timely manner.

A whistleblowing/raising concerns policy was available.

Ms Mulgrew demonstrated a clear understanding of her role and responsibility in accordance with legislation. Ms Mulgrew confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

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

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

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

The outstanding items in relation to the application for registration, as advised to Ms Mulgrew by the registration team, are submitted to RQIA at the earliest opportunity.

	Regulations	Standards
Areas for improvement	1	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 Ms Mulgrew.

6.9 Client and staff views

Questionnaires were issued by RQIA to the establishment to be provided to clients prior to the inspection. In addition a poster inviting staff to complete an electronic questionnaire issued. Ms Mulgrew advised that she had not received these. This matter will be followed up internally in 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 Ms Judith Mulgrew, registered person, 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 30 Stated: First time To be completed by: 25 February 2020	The registered person shall submit the outstanding items in relation to the application for registration, as advised to Ms Mulgrew by the RQIA registration team, at the earliest opportunity. Ref: 6.7 Response by registered person detailing the actions taken: submitted Judith Mulgrew
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 1.1 Stated: First time To be completed by: 4 February 2020	The registered person shall ensure that written information is provided to client's pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. Ref: 6.5 Response by registered person detailing the actions taken: Completed Judith Mulgrew

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



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