

Inspection Report

29 March 2022



JM Beauty Limited T/A Skin Medi Spa

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)
Address: 1 Surrey Street, Lisburn Road, Belfast, BT9 7FR
Telephone number: 028 9068 1066

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: JM Beauty Limited</p> <p>Responsible Individual: Ms Judith Mulgrew</p>	<p>Registered Manager: Ms Judith Mulgrew</p> <p>Date registered: 22 February 2017</p>
<p>Person in charge at the time of inspection: Ms Judith Mulgrew</p>	
<p>Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and/or PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	
<p>Brief description of how the service operates: JM Beauty Limited T/A Skin Medi Spa is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: 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. There is currently no laser equipment in use and the establishment is offering treatments using intense light sources.</p> <p>JM Beauty Limited T/A Skin Medi Spa provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using the intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Equipment available in the service:</p> <p>IPL equipment: Manufacturer: Lumenis Model: Quantum SR Serial Number: 007-04778 Wavelength: 515 – 1200nm</p> <p>Laser protection advisor (LPA): Dr Godfrey Town</p> <p>Laser protection supervisor (LPS): Ms Judith Mulgrew</p>	

Medical support services:

Dr Ross Martin

Authorised operator:

Ms Judith Mulgrew

Types of IPL treatments provided:

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

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 29 March 2022 from 10.00 am to 1.00 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure JM Beauty Limited T/A Skin Medi Spa was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; management of medical emergencies; infection prevention and control (IPC); and effective communication between clients and staff. Additional areas of good practice identified included 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.

One area for improvement has been identified against the regulations in relation to the medical treatment protocols. Three areas for improvement have been identified against the standards in relation to undertaking safeguarding refresher training; renewal of registration with the information commissioner's office; and reviewing policies and procedures.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service?

Posters were issued to JM Beauty Limited T/A Skin Medi Spa by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by JM Beauty Limited T/A Skin Medi Spa. The clinic actively seeks the views of clients about the quality of care, treatment and other services provided. Client feedback regarding the service was found to be positive in all aspects of care received and it reflected that the service delivers a high standard of care.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 January 2020		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.11.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 1.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Ms Mulgrew told us that IPL treatments are carried out by her as the sole authorised operator. Ms Mulgrew was advised to update the register of authorised operators for the IPL machine to reflect that Ms Mulgrew is the only authorised operator.

A review of training records evidenced that Ms Mulgrew has up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety awareness in keeping with the RQIA training guidance. However safeguarding adults at risk of harm training was found to be out of date and this is discussed further in section 5.2.3 of the report.

Appropriate staffing levels were in place to meet the needs of clients.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

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

The service had appropriate arrangements in place for the recruitment of authorised operators.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Ms Mulgrew stated that IPL treatments are not provided to persons under the age of 18 years.

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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms Mulgrew confirmed that she 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 Ms Mulgrew had completed formal training in safeguarding adults however, it was identified that Ms Mulgrew had not undertaken refresher training in safeguarding adults since December 2018. Ms Mulgrew was advised that safeguarding training should be undertaken every three years in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the minimum standards. An area for improvement against the standards has been made in this regard.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

Addressing the area for improvement made will further ensure appropriate arrangements are in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

Ms Mulgrew had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The IPL 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, Ms Mulgrew had up to date training in infection prevention and control.

The service had appropriate arrangements in place in relation to IPC and decontamination

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Mulgrew who outlined the measures taken to ensure current best practice measures are in place.

Appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The proposed management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The service has one room dedicated for IPL treatments. The treatment room was 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.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained information in relation to IPL equipment. However, the information in the file had not been updated to reflect the newly appointed LPA and the newly appointed medical support services; the local rules and medical treatment protocols were out of date and a risk assessment had not been undertaken by the LPA since January 2019. Ms Mulgrew advised that the newly appointed LPA would be completing a risk assessment and updating the local rules the week after the inspection and following this the laser safety file would be updated accordingly.

Following the inspection RQIA received written confirmation of the appointment and duties of a new LPA. The new service level agreement between the establishment and the LPA expires on 4 April 2023. In addition a copy of the most up to date local rules was submitted to RQIA which had been developed by the newly appointed LPA. It was confirmed the local rules contained the relevant information about the IPL equipment being used.

It was confirmed that the new LPA completed a risk assessment of the premises on 5 April 2022 and Ms Mulgrew has been advised to address any recommendations made by the LPA.

As discussed, Ms Mulgrew is the sole authorised operator and told us that IPL procedures are carried out following medical treatment protocols. The medical treatment protocols contained the relevant information about the treatments being provided and had been produced by a registered medical practitioner. However, the medical treatment protocols reviewed in the laser safety file had expired. This was discussed and Ms Mulgrew confirmed that the medical practitioner who had produced the protocols was no longer providing a service to the clinic and a new medical practitioner had been appointed. Ms Mulgrew was advised that IPL procedures should only be undertaken in accordance with medical treatment protocols produced by the current appointed medical practitioner, therefore the newly appointed medical practitioner should provide medical protocols for the IPL treatments being offered by the establishment. These medical treatment protocols should be retained in the laser safety file and be available for reference. An area for improvement against the regulations has been made in this regard.

Ms Mulgrew as the LPS and sole authorised operator has overall responsibility for safety during IPL treatments. Ms Mulgrew was advised to sign the new local rules and the medical treatment protocols when reviewed.

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 machine is operated using a key and arrangements were in place for the safe custody of the 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. Ms Mulgrew was aware that the laser safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use.

The establishment has an IPL register and Ms Mulgrew completes the relevant section of the register every time the equipment is operated, the register includes:

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

There are arrangements in place to service and maintain IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL machine reviewed was dated 16 March 2022.

Addressing the area for improvement made will further ensure appropriate arrangements are in place to safely operate the IPL equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

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 service has a list of fees available for each IPL procedure. It was determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, has been met.

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 (GP), with their consent, for further information if necessary.

Two client care records were reviewed. There was an accurate and up to date treatment record for every 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)

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

It was confirmed that the establishment was registered with the Information Commissioners Office (ICO). However, the ICO certificate reviewed had expired on 24 January 2020. Ms Mulgrew was advised to ensure that the service is registered with the ICO and a copy of the most up to date certificate is retained. An area for improvement against the standards has been made in this regard.

It was determined that appropriate arrangements were in place to ensure clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity and respect and are involved in the decision making process?

Discussion with Ms Mulgrew regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments are provided in a private room with the client and authorised operator present. Information is provided to the client 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.

Ms Mulgrew told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms Mulgrew confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report covering the period from 2020 to 2021 found that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Ms Mulgrew is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

JM Beauty Limited T/A Skin Medi Spa is currently registered with RQIA as a limited company. It was established that prior to the previous inspection, Ms Mulgrew notified RQIA that the entity of the establishment was changing from a limited company to a sole owner. However during the previous inspection it was identified that the entity of the establishment had already changed and Ms Mulgrew was advised that a new and full application for registration needed to be submitted to RQIA. At the previous inspection it was established that Ms Mulgrew had submitted a part application on 13 December 2019 however, some required information in relation to the application remained outstanding. During the previous inspection an area for improvement against the regulations was made that the outstanding items in relation to the new application for registration were submitted to RQIA. RQIA have now received the information requested therefore it was determined that the previous area for improvement 1 made against the regulations, as outlined in section 5.1, has been met. However, in the interim, further information has since been requested by the RQIA finance inspector regarding the change of entity and Ms Mulgrew has been requested to submit this outstanding information to RQIA on or before 20 April 2022.

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed and dated however these had not been reviewed since February 2019. Ms Mulgrew was advised that policies and procedures should be reviewed on a three yearly basis or more frequently if required. An area for improvement against the standards has been made in this regard.

A copy of the complaints procedure was available in the establishment and Ms Mulgrew had a good awareness of complaints management.

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.

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 displayed in a prominent place.

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

5.2.12 Does the service have suitable arrangements in place to record 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.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the QIP were discussed with Ms Mulgrew as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 39 (1) Stated: First time To be completed by: 29 April 2022	The responsible individual shall ensure that medical treatment protocols are produced by the current appointed medical practitioner in accordance with the treatments provided and copies are retained. Ref: 5.2.8 Response by registered person detailing the actions taken: COMPLETED
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.9 Stated: First time To be completed by: 29 April 2022	The responsible individual shall ensure that refresher safeguarding training for the authorised operator is undertaken in keeping with RQIA's training guidance. Ref: 5.2.1 and 5.2.3 Response by registered person detailing the actions taken: COMPLETED

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2022</p>	<p>The responsible individual shall ensure that the service is registered with the information commissioner's office (ICO) and a copy of the most up to date certificate is retained.</p> <p>Ref: 5.2.9</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.5</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2022</p>	<p>The responsible individual shall ensure that policies and procedures are reviewed and updated as necessary.</p> <p>Ref: 5.2.11</p> <p>Response by registered person detailing the actions taken: YES COMPLETED</p>

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