

Announced Care Inspection Report 3 January 2019



Saul 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: Norma Munn

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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

This is an Independent Hospital (IH) - Laser/IPL Service. Types of treatment provided are hair removal, skin rejuvenation, pigmentation, vascular and acne.

IPL equipment

- Manufacturer: Lumenis
- Model: Quantum SR
- Serial Number: 007-04778

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

3.0 Service details

Organisation/Registered Provider: Saul Limited T/A Skin Medi Spa	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 3 January 2019 from 10.00 to 13.00.

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

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

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; 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.

Two areas for improvement have been made against the regulations in relation to the laser risk assessment and ensuring that the protective eyewear is as outlined in the local rules.

Two areas for improvement made previously against the standards have not been fully addressed and have been stated for a second time. These were in relation to updating the safeguarding policies and providing an updated certificate for the qualifications of the laser protection advisor (LPA). Two additional areas for improvement against the standards have been made in relation to staff inductions and reviewing the establishment's policies and procedures.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Judith Mulgrew, responsible individual, 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 11 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 2017.

5.0 How we inspect

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

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA and RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff or client questionnaires were returned to RQIA prior to or following the inspection.

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

During the inspection the inspector met with Mrs Judith Mulgrew, responsible individual.

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 11 October 2017

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 11 October 2017

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 19 Schedule 2 Stated: First time	The registered person shall ensure that an enhanced AccessNI check is received prior to commencement of employment.	Met
	Action taken as confirmed during the inspection: There was evidence that an enhanced AccessNI check was in place for the newly recruited authorised operator. Ms Mulgrew confirmed that the check had been received prior to the member of staff commencing her role as an authorised operator.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure that the register of authorised operators for the IPL is kept up to date.	Met
	Action taken as confirmed during the inspection: The register of authorised operators was reviewed. Recent changes in staff were discussed and Ms Mulgrew was advised to update the register to reflect the changes discussed. During the inspection Ms Mulgrew amended the register and agreed to ensure that the register is maintained and kept up to date.	
Area for improvement 2 Ref: Standard 3 Stated: First time	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 guidance.	Not met
	Action taken as confirmed during the inspection: Safeguarding policies were available for review. However, the policies had not been updated in accordance with the regional guidance. This area for improvement has not been addressed and has been stated for a second time.	

Area for improvement 3 Ref: Standard 48 Stated: First time	The registered person shall ensure that an updated certificate for the qualifications of the LPA is provided and a new certificate for the service level agreement between the establishment and the LPA is available for inspection.	Partially met
	Action taken as confirmed during the inspection: The service level agreement between the establishment and the laser protection adviser (LPA) was reviewed and expires on 15 June 2019. However, the certificate for the qualifications for the LPA had expired in September 2016. This area for improvement has not been fully addressed and the unaddressed component has been stated for a second time.	

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.

It was confirmed that IPL treatments are only carried out by authorised operators. Ms Mulgrew confirmed that since the previous inspection one authorised operator had resigned and a newly recruited authorised operator had taken up post. As discussed, Ms Mulgrew amended the register on the day of the inspection to reflect the staff changes and agreed to ensure that the register is maintained and kept up to date.

There was no record of an induction being completed for the new authorised operator. This was discussed and an area of improvement against the standards has been made.

A review of training records evidenced that Ms Mulgrew and the new member of staff have undertaken application training for the IPL equipment, basic life support and infection prevention and control training in keeping with RQIA guidance. However, Ms Mulgrew had not updated core of knowledge training since 2011 and there was also no evidence that the new authorised operator had completed core of knowledge training. There was also no evidence that safeguarding adults and fire safety awareness training had been undertaken for both authorised operators in keeping with the RQIA training guidance.

Following the inspection RQIA received evidence that both Ms Mulgrew and the new authorised operator had completed safeguarding training, core of knowledge training and fire safety awareness training.

Ms Mulgrew confirmed that IPL safety awareness training for staff not directly involved in the IPL service had been undertaken.

Ms Mulgrew confirmed that all authorised operators will take part in appraisal on an annual basis in the future.

Recruitment and selection

A review of the personnel file of one staff member recruited since the previous inspection confirmed that staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Mulgrew was advised to ensure that when obtaining references in the future one of these should be in respect of the present or most recent employer in accordance with legislation.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance however the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

Safeguarding

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

Ms Mulgrew was aware of the actions to be taken in the event of a safeguarding issue being identified.

Ms Mulgrew had previously received training in safeguarding adults; however, the training had not been updated in keeping with RQIA training guidance and as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). There was no evidence that the newly recruited staff member had undertaken safeguarding training. As discussed, this training was completed following the inspection.

Ms Mulgrew confirmed that the establishment's adult and child safeguarding policies had not been updated in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People' (August 2017). An area for improvement against the standards has been made for a second time.

A copy of the regional policy entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was not available for staff reference. Following the inspection an electronic link to the guidance was forwarded to the establishment.

Laser/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 LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and expires on 15 June 2019. However, as discussed the certificate for the qualifications for the LPA had expired in September 2016. An area for improvement against the standards has been made for a second time.

Ms Mulgrew confirmed that laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers which were reviewed on 19 June 2018. 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 of the premises during November 2015 and all recommendations made by the LPA have been addressed. Ms Mulgrew was advised that the risk assessment should be undertaken at least every three years and an area of improvement against the regulations has been made.

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

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. Ms Mulgrew could not confirm that the protective eyewear was as outlined in the local rules. Ms Mulgrew was advised to consult with her LPA in this regard. An area of improvement against the regulations has been made.

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. Ms Mulgrew confirmed that this signage is not displayed on the door but near to the door. It was advised that the laser safety warning signs are displayed on the outside of the door to the treatment room for clear visibility.

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

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 30 November 2018 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Mulgrew 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. Both sharps boxes were observed to be stored on the floor, neither had been signed and dated on assembly. Ms Mulgrew was advised that sharps boxes should be stored off the floor and signed and dated on assembly and when closed. Ms Mulgrew agreed to action this on the day of the inspection.

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. Ms Mulgrew was advised to ensure the gap between the hand wash basin and the wall in appropriately sealed to ensure effective cleaning can take place.

As discussed previously, authorised operators have 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.

Areas of good practice

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

Areas for improvement

The newly recruited authorised operator and any authorised operators employed in the future should complete an induction programme. A record of the induction should be retained.

Policies and procedures for the safeguarding and protection of adults and children at risk of harm should be updated to reflect current regional guidance.

An up to date risk assessment should be completed by the LPA. Any recommendations made should be addressed, signed and dated on completion.

The protective eyewear provided should be as outlined in the local rules.

An updated certificate of the qualifications of the LPA should be provided and available for inspection.

	Regulations	Standards
Areas for improvement	2	3

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. Ms Mulgrew confirmed that 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)

Observations made evidenced that client records are securely stored. A records management policy was available however this was not reviewed during the inspection.

Ms Mulgrew confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018. Ms Mulgrew confirmed that the establishment has not yet registered with the Information Commissioners Office (ICO). Following the inspection evidence was provided to confirm that the establishment was registered with the ICO.

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.

Areas of good practice

There were examples of good practice found in relation to ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity respect and involvement with decision making

Discussion with the 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 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.

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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance

There was a clear organisational structure within the establishment and Ms Mulgrew has overall responsibility for the day to day management of the service.

Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed and dated. However, the policies and procedures had exceeded their review dates. An area for improvement against the standards has been made to ensure that all policies and procedures are systematically reviewed and updated at least every three years or if changes occur.

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

Discussion with 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.

Discussion with Ms Mulgrew confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Mulgrew.

Ms Mulgrew demonstrated a clear understanding of her role and responsibility in accordance with legislation. 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.

Prior to the inspection Ms Mulgrew informed RQIA that the entity of the establishment would be changing. Ms Mulgrew was advised to submit a completed application to re-register the establishment under the new entity. An application had been sent to Ms Mulgrew prior to the inspection.

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 the management of complaints and incidents and maintaining good working relationships.

Areas for improvement

Policies and procedures should be systematically reviewed at least every three years or as changes occur.

	Regulations	Standards
Areas for improvement	0	1

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

No clients and no staff submitted questionnaire responses to RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Mulgrew, responsible individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 3 February 2019</p>	<p>The registered person shall ensure that a risk assessment has been completed by the laser protection advisor (LPA).</p> <p>Any recommendations made should be addressed and signed and dated on completion.</p> <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken:
<p>Area for improvement 2</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 3 February 2019</p>	<p>The registered person shall ensure that the protective eyewear provided is as outlined in the local rules.</p> <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken: Actioned

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 Stated: Second time To be completed by: 30 January 2019	<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> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Actioned</p>
Area for improvement 2 Ref: Standard 48 Stated: Second time To be completed by: 30 January 2019	<p>The registered person shall ensure that an updated certificate of the qualifications of the LPA is provided and available for inspection.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Actioned</p>
Area for improvement 3 Ref: Standard 13.3 Stated: First time To be completed by: 3 March 2019	<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> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Actioned</p>
Area for improvement 4 Ref: Standard 19.5 Stated: First time To be completed by: 3 March 2019	<p>The registered person shall ensure that policies and procedures are reviewed and updated as necessary.</p> <p>Ref: 6.7</p>

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



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