

Announced Care Inspection Report 11 October 2017



Saul Limited T/A Skin Medi Spa

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

Address: 1 Surrey Street, Lisburn Road, Belfast BT9 7FR

Tel No: 028 9068 1066

Inspector: Liz Colgan

www.rqia.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

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 (Lasernet)

Laser Protection Supervisor (LPS)

- Ms Judith Mulgrew

Medical support services

- Dr Paul Myers (Lasermet)

Authorised operators

- Ms Judith Mulgrew and Ms Lauren Troy

3.0 Service details

Organisation/Registered Provider: Saul Limited Responsible Individual Ms Judith Mulgrew	Registered Manager: Ms Judith Mulgrew
Person in charge at the time of inspection: Ms Paula 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 11 October 2017 from 09.50 to 12.30.

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, Social Services and Public Safety (DHSSPS) 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.

Evidence of good practice was found in relation to training; management of emergencies; infection prevention and control; risk management and the environment. Other areas of good practice related to management of clinical records, ensuring effective communication between clients and staff, maintaining client confidentiality, and maintaining good working relationships.

An area for improvement under regulation was identified in relation to staff recruitment. Areas for improvement under the standards were identified in regards to laser safety and safeguarding.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, and enhance practice and clients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Paula Mulgrew, Clinic Manager, 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 18 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 August 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with two staff.

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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 August 2016

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 August 2016

Areas for improvement from the last care inspection		
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 48.9 Stated: First time	Details of the IPL treatment provided should be recorded in the IPL register.	Met
	Action taken as confirmed during the inspection: Review of the IPL register confirmed that details of the IPL treatment provided were recorded.	
Area for improvement 2 Ref: Standard 48.10 Stated: First time	Consent forms should be completed for each type of IPL treatment provided.	Met
	Action taken as confirmed during the inspection: Consent forms have been completed for each type of IPL treatment provided.	

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 Paula 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; this should be updated to remove staff who are no longer employed. This was an area identified for improvement under the standards.

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 had up to date training in core of knowledge training; application training for the equipment in use; basic life support; infection prevention and control; fire safety; and protection of adults at risk of harm; or training dates have been arranged.

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

Recruitment and selection

A review of one personnel file of an authorised operator recruited since the previous inspection evidenced that this member of staff had not been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. There was evidence that an enhanced AccessNI check was not received prior to commencement of employment. This was identified as an area for improvement against the regulations.

Ms Mulgrew confirmed that a recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies did not include 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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise needed to be updated. This was an area identified for improvement under the standards.

Following the inspection the regional guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and Adult Safeguarding operational procedures issued during September 2016, and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to Ms Judith Mulgrew by electronic mail. A template for an 'Adult at Risk' policy was also forwarded.

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 laser protection advisor (LPA) which is reviewed on an annual basis. The certificate for the qualifications for the LPA had expired in September 2016. The service level agreement between the establishment and the LPA was reviewed and the wrong date had been recorded. These were areas identified for improvement under the standards.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in June 2017. 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 of the premises in November 2016 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser 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. 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.

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
- 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 of 4 October 2017 was reviewed as part of the inspection process. As a result a new head was fitted to the IPL on 11 October 2017.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were 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 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.

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

Eighteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm. Fourteen clients indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied. One comment was included in the submitted questionnaire responses:

- "I always feel safe in hands of Judith."

Four staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm and indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Clients are treated in a clinical environment which is safe and free from all possible hazards. The cleanliness is second to none.”
- “All guidelines are followed.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction; training; supervision and appraisal; management of emergencies; infection prevention and control; risk management and the environment.

Areas for improvement

An area identified for improvement against the regulations related to ensuring that an enhanced AccessNI check is received prior to commencement of employment.

Areas identified for improvement against the standards related to:

- A register of authorised users for the IPL should be updated to remove staff who are no longer employed.
- Policies and procedures for the safeguarding and protection of adults and children at risk of harm should be updated to reflect current guidance.
- An updated certificate for the qualifications of the LPA should be provided and a new certificate for the service level agreement between the establishment and the LPA forwarded to the clinic by the LPA.

	Regulations	Standards
Total number of areas for improvement	1	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. 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.

Eight 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 policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioners Office (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.

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

Client and staff views

All of the 18 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fifteen clients indicated that they were very satisfied with this aspect of care and three indicated that they were satisfied. The following comment was provided in the submitted questionnaire responses.

- “I do. My appointments are spread out every 4-6 weeks to give me the best result!”

Four submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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 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. Ms Mulgrew outlined how modesty and dignity is provided for, through dignity drapes, disposable underwear and the client is given time to dress and undress in private.

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 a locked filing cabinet.

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 completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

Client and staff views

All of the 18 clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fifteen clients indicated that they were very satisfied with this aspect of care and three indicated that they were satisfied. The following comment was provided in the submitted questionnaire responses:

- “Judith is very professional and she always has my interests at heart. Very good technician.”

Four submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care, and indicated that they were very satisfied with this aspect of care. The following comments were provided:

- “All clients are given a thorough consultation, where questions are answered. They know they can question us at any time during the course of the treatment.”
- “Clients are all treated very well by all members of staff. They are made to feel welcome and are treated in the most professional manner.”

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
Total number of 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

Ms Judith Mulgrew is one of two authorised operators 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. Arrangements were in place to facilitate annual staff appraisal.

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

A copy of the complaints procedure was available in the establishment. Discussion with Ms Mulgrew 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 2016 to 31 March 2017.

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. Ms Mulgrew 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. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Ms Judith Mulgrew is aware of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

Client and staff views

All of the 18 clients who submitted questionnaire responses indicated that they felt that the service is well managed. Fifteen clients indicated that they were very satisfied with this aspect of the service and three indicated that they were satisfied. The following comments were provided:

- “Very pleased with my treatment. Lovely staff, lovely clinic.”
- “Great results all round.”
- “I feel this service is managed very well. The hygiene in this clinic is second to none. The staff always make me feel welcome. I really look forward to my visits.”
- “Very happy with the service.”

Four submitted staff questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, Clinic manager 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 IPL service. 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; 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 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 19 Schedule 2 Stated: First time To be completed by: 11 October 2017	The registered person shall ensure that an enhanced AccessNI check is received prior to commencement of employment. Ref: 6.4 Response by registered person detailing the actions taken: All new staff will have an Enhanced Access NI check before commencing employment with us.
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48 Stated: First time To be completed by: 11 November 2016	The registered person shall ensure that the register of authorised operators for the IPL is kept up to date. Ref: e.g. 6.4 Response by registered person detailing the actions taken: All employee records are kept up to date regarding the register of IPL operators.

<p>Area for improvement 2</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>The registered person shall that policies and procedures for the safeguarding and protection of adults and children at risk of harm are updated to reflect current guidance.</p> <p>Ref: e.g. 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>Response by registered person detailing the actions taken: All current guidance has been taken account of and policies and procedures are in place. All staff are aware of them and have access to the documents.</p> <p>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.</p> <p>Ref: e.g. 6.4</p> <p>Response by registered person detailing the actions taken: Mr Irfan Azam from Lasermet has been contacted to get a new copy of his qualifcation certificates and service level agrement certificate.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews