



The Regulation and
Quality Improvement
Authority

Skin Medi Spa
RQIA ID: 11085
1 Surrey Street
Lisburn Road
Belfast
BT9 7FR

Inspector: Jo Browne
Inspection ID: IN022104

Tel: 07590315687

**Announced Care Inspection
of
Skin Medi Spa**

15 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 15 June 2015 from 10.00 to 12.00. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---------------------------------------------------------------------------------|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 2 |

The details of the QIP within this report were discussed with the Ms Judith Mulgrew, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Drumlin Ltd Ms Judith Mulgrew | Registered Manager: Ms Judith Mulgrew |
| Person in Charge of the Establishment at the Time of Inspection: Ms Judith Mulgrew | Date Manager Registered: 26 March 2010 |
| 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 | |

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 (Lasernet)

Authorised Users - Ms Judith Mulgrew

Types of Treatment Provided - Hair removal, skin rejuvenation, pigmentation, vascular and acne.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Ms Judith Mulgrew and one member of staff.

The following records were examined during the inspection:

- | | |
|----------------------------------|-------------------------------|
| • Six client care records | • Incident/accident records |
| • Laser safety file | • Local rules |
| • Laser risk assessment | • Medical treatment protocols |
| • Policies and procedures | • Equipment service records |
| • Client feedback questionnaires | • Complaints records |

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 26 June 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 26 June 2014

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Requirement 1 Ref: Regulation 21 (3) Schedule 3 Part II (3) | The registered person must ensure that the IPL register is fully completed every time the equipment is used. | Met |
| | Action taken as confirmed during the inspection: Review of the IPL register confirmed that it was completed each time the equipment was used. | |
| Requirement 2 Ref: Regulation 18 (2) (a) | The registered person must ensure that all authorised users undertake infection prevention and control training annually. | Met |
| | Action taken as confirmed during the inspection: Review of the training records confirmed that the authorised user had undertaken infection prevention and control training | |
| Requirement 3 Ref: Regulation 25 (2) (d) | The registered person must ensure that laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use, as described within the local rules. | Met |
| | Action taken as confirmed during the inspection: The laser safety warning sign was available in the establishment and the registered person confirmed that this is displayed when the IPL equipment is in use. | |

| Previous Inspection Recommendations | | Validation of Compliance |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Recommendation 1 Ref: Standard C10.3 | <p>The registered person should develop a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should also include the interim management arrangements for the establishment.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The absence of the registered manager policy was developed during the inspection and found to be in line with the legislation.</p> | |
| Recommendation 2 Ref: Standard P2.8 | <p>The registered person should ensure that the area treated is included in the IPL register.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Review of the IPL register confirmed that the area treated is recorded.</p> | |
| Recommendation 3 Ref: Standard P2.9 | <p>The registered person should record the date of the old patch test as the reason why a new patch test had not been undertaken in the client's care records.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Review of the care records confirmed that appropriate patch tests were undertaken and documented prior to commencing treatment.</p> | |
| Recommendation 4 Ref: Standard P4.4 | <p>The registered person should change the door lock to one which can be opened with a coin from the outside or placing the key in a break glass point outside the treatment room door.</p> | Met |
| | <p>Action taken as confirmed during the inspection: During the inspection arrangements were put in place for the key to be available outside the treatment room door.</p> | |

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with Ms Mulgrew confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with Ms Mulgrew and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Skin Medi-Spa obtains the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and 28 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “Lovely staff”
- “Very professional, friendly staff”
- “The clinic is neat and tidy”
- “Excellent”
- “One the best salons I have used”
- “Excellent service, professional staff”
- “Very good, well informed staff. Always very pleasant and helpful”
- “Friendly staff and nice atmosphere”

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read.

It was confirmed through discussion that comments received from clients are reviewed by Ms Mulgrew and an action plan is developed and implemented to address any issues, if identified.

Is Care Compassionate?

Review of care records and discussion with Ms Mulgrew confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Ms Mulgrew confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Ms Mulgrew confirmed that information from complaints would be used to improve the quality of services.

Is Care Effective?

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Ms Mulgrew demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Client Guide; copies of which are available for clients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf. Ms Mu lgr

ew confirmed that the complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.6 Standard 48 - Laser and Intense Light Sources

Is Care Safe?

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.

The service level agreement between the establishment and the LPA was reviewed and this expired on 18 March 2015.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2011, which were due for review in 2014.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 15 June 2011 which were due for review on 5 August 2014.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and the authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.

Clients are provided with verbal aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 15 June 2011 which was due for review on 5 August 2014 and no recommendations were made. The last recorded visit from the LPA was 6 August 2013. The LPA site visit report was reviewed during the inspection and no issues were identified as needing to be addressed. Ms Mulgrew stated that she thought the LPA had visited the premises in 2014 and she was advised to contact the LPA regarding the updated documentation.

The authorised user has completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that the authorised user had also undertaken the following required mandatory training in line with RQIA guidance:

- Fire safety annually
- Infection prevention and control annually

Basic life support training had been undertaken previously by the authorised user, however this training should be updated annually.

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

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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. During the inspection arrangements were made to store the key outside the treatment room door.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key not in use.

Is Care Effective?

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

Six 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); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

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 8 June 2015 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

Is Care Compassionate?

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have.

As previously stated written information should be 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.

Areas for Improvement

A service level agreement must be in place with a LPA.

Provide clients with written aftercare instructions.

Arrangements must be in place to review the medical treatment protocols and local rules on an annual basis.

Basic life support training must be undertaken for authorised users on an annual basis.

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| Number of Requirements: | 2 | Number of Recommendations: | 2 |
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5.7 Additional Areas Examined

5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since the last inspection. However discussion with Ms Mulgrew confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA registration and Insurance Arrangements

Discussion with Ms Mulgrew regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to the RQIA office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

| Quality Improvement Plan | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Statutory Requirements | |
| Requirement 1 Ref: Regulation 39 (2) Stated: First time To be Completed by: 15 July 2015 | <p>The registered person must ensure that systems are in place to review the medical treatment protocols and local rules on an annual basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Our LPA has sent out a recent updated version of our annual report and other updated documentation relating to our Local rules and treatment protocols. This has been sent to you previously via e-mail. Please refer to this documentation in your e-mails. If you have any further queries then please do not hesitate to contact our LPA on: 07595704247.</p> |
| Requirement 2 Ref: Regulation 18 (2) (a) Stated: First time To be Completed by: 15 August 2015 | <p>The registered person must ensure that all authorised users undertake training in basic life support annually.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: First aid training has been arranged for all staff on: Tuesday 08th September 2015 @ 9.30 a.m.</p> |
| Recommendations | |
| Recommendation 1 Ref: Standard 48 Stated: First time To be Completed by: 15 July 2015 | <p>It is recommended that written aftercare instructions are provided to all clients following treatment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A standard after care sheet is issued to all Clients after having their treatment (s) and any additional after care information is noted on a Compliments slip and given to the client.</p> |
| Recommendation 2 Ref: Standard 48.6 Stated: First time To be Completed by: 15 July 2015 | <p>It is recommended that there is written confirmation of the duties of a certified LPA that is renewed annually.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Our LPA adviser has been out and issued us with written confirmation of their duties. Please refer to Irfan's recent annual report as previously sent to you via e-mail.</p> |

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|------------------------------------------|----------------|-----------------------|-------------|
| Registered Manager Completing QIP | Judith Mulgrew | Date Completed | 01 Aug 2015 |
| Registered Person Approving QIP | Judith Mulgrew | Date Approved | 01 Aug 2015 |
| RQIA Inspector Assessing Response | Jo Browne | Date Approved | 26/08/15 |

Please ensure the QIP is completed in full and returned to RQIA's office from the authorised email address