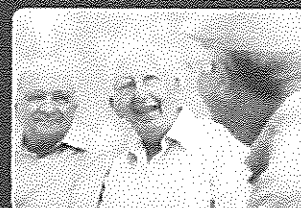


The **Regulation** and
Quality Improvement
Authority

Announced Care Inspection Report 18 August 2016



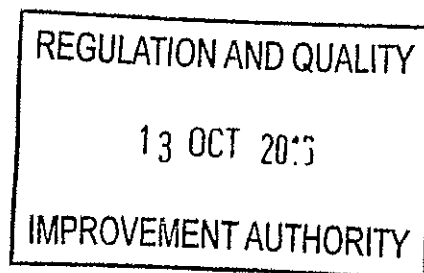
Skin Medi Spa

Type of Service: Independent Hospital – Cosmetic Laser/IPL Service

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

Tel No: 07590315687

Inspector: Winnie Maguire



www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Skin Medi Spa took place on 18 August 2016 from 10.00 to 12.10.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the laser/Intense Pulse Light (IPL) service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Judith Mulgrew, registered person/manager and authorised user and Ms Paula Mulgrew-Quinn, clinic manager and staff demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included laser/IPL safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment. A recommendation was made to include details of the IPL treatment provided in the IPL register. The IPL register was noted to have pages separated from the main spine of the register and it was advised that the IPL register is replaced.

Is care effective?

Observations made, review of documentation and discussion with Ms Mulgrew, and Ms Mulgrew-Quinn, demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. A recommendation was made to complete consent forms for each type of IPL treatment provided.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Mulgrew demonstrated that arrangements are in place to promote clients dignity, respect and involvement in decision making. A client survey carried out by the establishment outlined many very positive comments in relation to dignity and privacy. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. Issues identified in relation to minor amendments to policies and procedures and the formalising of audits undertaken was either addressed on the day of inspection or immediately following inspection. No requirements or recommendations have been made.

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 (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments 2014.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within were discussed with Ms Mulgrew, registered person/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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person/provider: 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 and Ms Sinead Walsh

Types of treatment provided - hair removal, skin rejuvenation, pigmentation, vascular and acne

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: notifiable events, complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Ms Mulgrew, registered person/manager and authorised user and Ms Mulgrew-Quinn, clinic manager. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 39 (2) Stated: First time	The registered person must ensure that systems are in place to review the medical treatment protocols and local rules on an annual basis.	Met
	Action taken as confirmed during the inspection: Medical treatment protocols and local rules were in place and Ms Mulgrew confirmed arrangements are in place to ensure these are reviewed on an annual basis.	
Requirement 2 Ref: Regulation 18 (2) (a) Stated: First time	The registered person must ensure that all authorised users undertake training in basic life support annually.	Met
	Action taken as confirmed during the inspection: Training records confirmed authorised users had undertaken basic life support training in August 2016.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 48 Stated: First time	It is recommended that written aftercare instructions are provided to all clients following treatment.	Met
	Action taken as confirmed during the inspection: It was confirmed aftercare instructions are provided to clients following treatment. Copies were available for inspection.	
Recommendation 2 Ref: Standard 48.6 Stated: First time	It is recommended that there is written confirmation of the duties of a certified LPA that is renewed annually.	Met
	Action taken as confirmed during the inspection: A current LPA certificate was in place and Ms Mulgrew confirmed this will be renewed on an annual basis.	

4.3 Is care safe?

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 users. A register of authorised users for the IPL is maintained and kept up to date.

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

A review of training records evidenced that authorised users have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm. Evidence that a newly appointed authorised user had undertaken core of knowledge training was forwarded to RQIA immediately following inspection.

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

Recruitment and selection

A review of one personnel file of an authorised user recruited since the previous inspection and discussion with Ms Mulgrew confirmed that new staff have been mostly recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Information was forwarded to RQIA immediately following inspection which evidenced completion of the recruitment process.

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

Safeguarding

Policies and procedures were in place for the safeguarding and protection of adults at risk. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. Ms Mulgrew confirmed that she would ensure the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise, were accurate and up to date. She agreed to ensure that she and the other authorised user sign that they have read and understood the policies and procedures.

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 this expires in June 2017.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers and revalidated in August 2016. 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 are 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 June 2015 and all recommendations made by the LPA have been addressed.

Ms Mulgrew confirmed the LPA was scheduled to visit in November 2016.

The LPS has overall responsibility for safety during IPL treatments and a list of authorised users is maintained. Authorised users 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 precise exposure
- any accident or adverse incident

It was noted the area treated was recorded but not the IPL treatment provided. The establishment provides a range of IPL treatments as listed previously and a recommendation was made to include the details of the IPL treatment in the register. Advice was given in relation to coding the register to make completion more efficient. The IPL register was noted to have pages separated from the spine of the register and it was advised to formally close that IPL register and replace it.

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 25 July 2016 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised users 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. Discussion with Ms Mulgrew evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised users 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 to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- "Lovely clean environment and the girls always wear goggles and gloves."
- "Very clean."
- "Girls wear protective masks and gloves/very clinical."
- "Very clean clinic."

Five staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

Details of the IPL treatment provided should be recorded in the IPL register.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

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.

Nine client care records were reviewed, six relating to IPL hair removal, three relating to IPL skin rejuvenation and thread veins. There was an accurate and up to date treatment record for each client which included:

- client details
- medical history
- skin assessment
- patch test
- record of treatment delivered including number of shots and fluence settings

It was noted the IPL hair removal client care records had signed consent forms in place. The other client care records did not have a signed consent form. A recommendation was made to complete consent forms for each type of IPL treatment provided.

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.

It was advised to contact the Information Commissioners Office (ICO) in relation to potential registration with them. Following inspection Ms Mulgrew confirmed this had been carried out.

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

Eighteen clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- "Getting excellent results."
- "Girls always try to give the best advice and do all in their power to ensure that I get the best results."
- "Treatment is well explained and good care is taken."

Five 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. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

Consent forms should be completed for each type of IPL treatment provided.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

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 user 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. Some comments from clients included:

- “Very knowledgeable and makes me feel at ease.”
- “Tranquil, calming atmosphere.”
- “All therapists are very good.”
- “One of the best salons around.”
- “Very friendly staff, put me at my ease, approachable.”
- “Judith is very professional.”
- “I was very impressed with this clinic and my treatment.”

Client and staff views

Eighteen clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

The following comments were provided:

- “I have been attending Skin Medi Spa for years for laser hair removal. I was very embarrassed about my body hair and Judith was so very gentle, encouraging and understanding.”
- “Always feel very comfortable during my treatment.”

Five 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. Staff spoken with during the inspection concurred with this. No written comments were provided

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance

Ms Mulgrew is one of two authorised users 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. Minor amendments were made to a number of policies immediately following inspection. 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. 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 2015 to 31 March 2016.

It was 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. It was suggested to formalise the audits undertaken and confirmation of this was forwarded to RQIA following inspection. A whistleblowing/raising concerns policy was available.

Ms Mulgrew demonstrated an understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

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

Eighteen clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- "Very well, the care and attention to detail offered here at this clinic is second to none."
- "Staff are always professional and friendly."
- "Staff are knowledgeable and very courteous and helpful at all times."
- "Overall I am very pleased with my results to date. This is a very clean clinic. Staff are always so professional and helpful, can't do enough for you!"
- "I would go nowhere else."
- "Staff are friendly and helpful and I feel the clinic is well managed."
- "My results were better than anticipated. Treatment was not as painful as what I had expected. Therapists are always very friendly and make me feel at ease. Would highly recommend to family and friends."

Five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "The laser technicians carry out their procedures to a very high standard. Clients are given a full in-depth overview of the treatment prior to having a patch test carried out. The girls take all proper precautions in carrying out this treatment. The appropriate laser sign is displayed on the door etc and gloves and protective eyewear are worn at all times during the procedure."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Mulgrew, registered person/manager, 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 the Cosmetic Laser\ IPL service. 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2016</p>	<p>Details of the IPL treatment provided should be recorded in the IPL register.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">Done! We have a section assigned for this in our new IPL register.</p>
<p>Recommendation 2</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2016</p>	<p>Consent forms should be completed for each type of IPL treatment provided.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">Done! we have a separate form allocated for the different IPL treatments.</p>

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address



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