



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Skin Medi Spa
Establishment ID No: 11085
Date of Inspection: 26 June 2014
Inspector's Name: Jo Browne
Inspection No: 17471

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Skin Medi Spa
Address:	1 Surrey Street Lisburn Road Belfast BT9 7FR
Telephone number:	028 9068 1066
Registered organisation/ registered provider:	Ms Judith Mulgrew
Registered manager:	Ms Judith Mulgrew
Person in charge of the establishment at the time of inspection:	Ms Judith Mulgrew
Registration category:	IH - PT (IL) - Prescribed techniques or prescribed technology: establishments using intense light sources IH - PT (L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
Date and time of inspection:	26 June 2014 10.00am – 12.00pm
Date and type of previous inspection:	Announced 14 May 2013
Name of inspector:	Jo Browne

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS draft Independent Health Care Minimum Standards for Hospitals and Clinics measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the draft minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of IPL and laser services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Independent hospitals and clinics.

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered provider/manager, Ms Judith Mulgrew
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	42
--	----

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS draft Independent Health Care Minimum Standards for Independent Hospitals and Clinics and to assess progress with the issues raised during and since the previous inspection.

- C4 Patient Partnerships
- C5 Complaints
- C10 Management of Operations
- P1 Patient information and Laser Procedures
- P2 Procedures for Use of Lasers and Intense Light Sources
- P3 Training for Staff Using Lasers and Intense Light Sources
- P4 Safe Operation of Lasers and Intense Light Sources

3.0 Profile of Service

Skin Medi Spa offers a wide range of therapies in addition to the Intermittent Pulsed Light (IPL) procedures. The clinic no longer provides treatments using laser I-Lipo.

The establishment is located within a purpose built commercial building in Surrey Street, off the Lisburn Road in Belfast. The establishment is close to public transport routes and local amenities. On street car parking is available for clients.

The establishment is accessible to clients with a disability.

A waiting area and toilets are available for client use.

The establishment has one IPL system and one class 3b laser.

Laser Equipment (No longer in use)

Manufacturer:	Chromogenex
Laser Class:	3B
Model:	I-Lipo
Serial Number:	IL 0004

Intense Pulsed Light (IPL)

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 for IPL

Ms Judith Mulgrew
Mrs Mary Corrigan

Types of IPL Treatments Provided

- Hair removal
- Skin rejuvenation
- Pigmentation
- Vascular
- Acne
- Tattoo removal

Class 3B Laser (no longer in use)

The Class 3B laser was used for non-invasive treatments to improve the appearance of cellulite by enhancing the lymphatic drainage system. The registered person informed the inspector that this equipment is no longer in use and a requirement was made to remove the equipment from the premises.

Skin Medi Spa is registered as an independent hospital with the PT(L) and PT(IL) categories of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 26 June 2014 from 10.00am to 12.00pm. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS draft Independent Health Care Minimum Standards for Independent hospital and clinics and to assess the progress made to address the issues raised during the previous inspection.

There was one requirement and three recommendations made as a result of the previous annual announced inspection on 14 May 2013. One recommendation had not been fully addressed and is restated within this report.

The inspection focused on the draft DHSSPS Independent Health Care Minimum standards outlined in section 2.4 of this report.

Ms Judith Mulgrew was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Client Guide were in place which reflected legislative and best practice guidance.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Skin Medi Spa collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in the treatment room.

Skin Medi Spa has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered person is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedure on whistleblowing and found it to be in line with legislation and best practice. A recommendation was made to develop a policy and procedure to ensure that RQIA is notified if the registered manager is absent for more than 28 days.

The registered person undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment since the last inspection however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

Six client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, and treatment provided. The inspector recommended regarding recording the date of patch tests from previous treatments if new patch tests were not undertaken.

A requirement was made to ensure that the IPL register is fully completed each time the equipment is used and a recommendation was made for the second time to ensure that the area treated is recorded.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

Review of the training records confirmed that mandatory training was up to date with the exception of infection prevention and control; a requirement was made to address this. The authorised users had received appropriate training in the safe use and operation of the IPL equipment. Other staff working in the establishment, but not directly involved in the use of IPL equipment, have received laser safety awareness training. The LPS agreed to provide this training to the member of staff who had recently commenced employment.

The environment in which the IPL equipment is used was found to be safe and controlled. A recommendation was made in relation to the lock used on the treatment room door as outlined in the main body of the report.

A risk assessment had been undertaken by the establishment's LPA and all issues identified had been addressed. Protective eyewear was available for the client and operator as outlined in the local rules.

A requirement was made to ensure that laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.

A laser safety file was in place. Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector.

The certificate of registration was clearly displayed in the reception area of the establishment.

Three requirements and three recommendations and one restated recommendation were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Ms Judith Mulgrew and the staff of Skin Medi Spa for their hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirement	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	15 (2) (b)	The registered person must ensure that the damaged interlock system is repaired and the interlock system is connected to the laser at all times when in use.	The Class 3b laser which incorporated the interlock system is no longer in use within the establishment.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4.2	The registered person should ensure that the client feedback questionnaires are collated into a summary report on an annual basis and made available to clients and other interested parties to read.	The inspector reviewed the summary report of the client feedback questionnaires as part of the inspection. The registered person confirmed the report is made available within the treatment room for clients and other interested parties to read.	One	Compliant
2	P2.8	The registered person should ensure that the area treated is included in the IPL register.	Not addressed, this recommendation is stated for the second time within this report.	One	Not compliant
3		The registered person should discuss and agree the use of both treatment rooms for the IPL and laser equipment with the LPA and ensure the local rules and risk assessment are amended accordingly.	The Class 3b laser is no longer in use and only the first floor treatment room is currently being used to provide treatment.	One	Compliant

6.0 Inspection Findings

STANDARD C4	
Patient Partnerships:	The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.
<p>Skin Medi Spa obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients and 42 were returned and completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> • “Very pleased with treatment results” • “Highly recommend” • “Judith was very helpful and explained treatment fully, I would recommend the treatment and salon” • “Lovely salon – very professional” • “Beautiful salon. Really nice staff/so courteous and helpful. Professional at carrying out the treatments” • “Judith was excellent and explained treatments thoroughly to me” • “Lovely salon. Great staff. Excellent people skills, make me feel so comfortable every time” • “Really impressed with this clinic and my overall treatment” • “Excellent result from treatment” • “Very happy” • “Professional and friendly staff” <p>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 in the treatment room.</p>	

Evidenced by:

Review of client satisfaction surveys

Review of summary report of client satisfaction surveys

Summary report made available to clients and other interested parties

Discussion with registered person

STANDARD C5	
Complaints:	All complaints are taken seriously and dealt with.
<p>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. The registered person demonstrated a good understanding of complaints management.</p> <p>All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

- Review of complaints procedure**
- Complaints procedure made available to clients and other interested parties**
- Discussion with registered person**
- Review of complaints records**

STANDARD C10	
Management of Operations:	Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>Ms Mulgrew ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and draft minimum standards.</p> <p>Ms Mulgrew is involved in the day to day running of the establishment.</p> <p>A recommendation was made to 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> <p>Review of the training records and discussion with Ms Mulgrew confirmed that she undertook training relevant to her role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Client Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since the last inspection; however systems are in place to document and manage incidents appropriately.</p> <p>Ms Mulgrew has systems in place to deal with all alert letters issued by the DHSSPS.</p> <p>The establishment has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance with guidance.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception of the premises.</p>	

Evidenced by:

Review of policies and procedures
Review of training records
Review of Client Guide
Review of Statement of Purpose
Discussion with registered person
Review of audits
Review of alert letters
Review of competency arrangements
Review of incident management
Review of insurance arrangements

STANDARD P1	
Patient Information and Laser procedures:	Patients are clear about what procedures involve, the costs and the skills and experience of those carrying out the procedures.
<p>The establishment has policies and procedures for advertising and marketing which are factual and not misleading.</p> <p>Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. 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 treatment provided and the individual requirements of the client.</p> <p>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.</p> <p>A copy of the Client Guide is provided to all clients.</p>	

Evidenced by:

- Discussion with registered person**
- Review of policies and procedures**
- Review of information provided to clients**

STANDARD P2	
Procedures for Use of Lasers and Intense Light Sources:	Patients have laser and intense light source procedures carried out by, experienced operators, and in accordance with procedures.
<p>IPL procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Paul Myers in April 2013. Systems are in place to review the medical treatment protocols on an annual basis. There was written evidence the establishment had renewed their contract with Dr Myers (Lasernet) and were awaiting new documentation control, at the time of the inspection, from Lasernet regarding the medical treatment protocols.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> • 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 <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The inspector reviewed the service level agreement between the establishment and the LPA which expires on 18 March 2015.</p> <p>The establishment has local rules in place which have been developed by their LPA which expire on 5 August 2014.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> • 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 <p>The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.</p> <p>A list of authorised users is maintained and the authorised users have signed to</p>	

state that they have read and understood the local rules and medical treatment protocols.

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

A requirement was made to ensure that the IPL register is fully completed every time the equipment is used and a recommendation was also made for the second time to include the area treated within the IPL register.

Six client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form and record of treatment. Some of the records reviewed did not show evidence of a patch test and the registered person stated this was due to the client having received previous IPL treatment and the records being archived. The inspector recommended recording 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.

Clients are provided with written aftercare instructions following treatment.

Evidenced by:

Review of local rules

Review of medical treatment protocols

Review of IPL register

Review of client care records

Review of incident policy and procedure

Review of incident records

STANDARD P3	
Training for Staff using Lasers and Intense Light Sources	Patients have laser and intense light source procedures carried out by staff that are trained and experienced in operating Class 3b and 4 lasers and intense light sources.
<p>The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.</p> <p>Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:</p> <ul style="list-style-type: none"> • Basic life support annually • Fire safety annually <p>A requirement was made for all authorised users to undertake annual training in infection prevention and control.</p> <p>All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training. A new member of staff has recently commenced employment and it was agreed that this training will be provided by the LPS.</p>	

Evidenced by:

- Review of staff personnel files**
- Review of training records**
- Discussion with registered person**

STANDARD P4	
Safe Operation of Lasers and Intense Light Sources:	The environment in which lasers and intense light sources are used is safe.
<p>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.</p> <p>When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.</p> <p>It is required 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.</p> <p>Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.</p> <p>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 using a key which is held in reception. The inspector recommended changing 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> <p>The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.</p> <p>There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.</p> <p>There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report was reviewed as part of the inspection process 12 March 2014.</p> <p>The establishment's LPA completed a risk assessment of the premises which expires on 5 August 2014 and all recommendations made by the LPA had been addressed.</p> <p>The Class 3b I-Lipo laser is no longer in use and therefore was included in recent equipment service. A requirement was made to remove the decommissioned equipment from the premises.</p>	

Evidenced by:

- Review of premises and controlled area**
- Review of Laser safety file**
- Review of maintenance records**

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Judith Mulgrew as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Jo Browne
Inspector / Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Inspection

Skin Medi Spa

26 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Judith Mulgrew during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESC.
1	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. Ref: Standard P2	One	A new column was added into the IPL register so as the IPL registered person(s) can document the area being treated.	Immediate and ongoing
2	18 (2) (a)	The registered person must ensure that all authorised users undertake infection prevention and control training annually. Ref: Standard P3	One	This is currently ongoing.	Within three months and ongoing
3	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. Ref: Standard P4	One	We continue to do this before & after all IPL treatments now.	Immediately and ongoing

RECOMMENDATIONS

These recommendations are based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESC
1	C10.3	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.	One	Done	Three mo
2	P2.8	Ref: Standard C10 The registered person should ensure that the area treated is included in the IPL register.	Two	Another column has been added to the IPL register and the area being treated is now documented	Immediate and ongoing
3	P2.9	Ref: Standard P2 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.	One	Ongoing	Immediate and ongoing
4	P4.4	Ref: Standard P2 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. Ref: Standard P4	One	Sorted.	Within one month

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Jo Browne
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

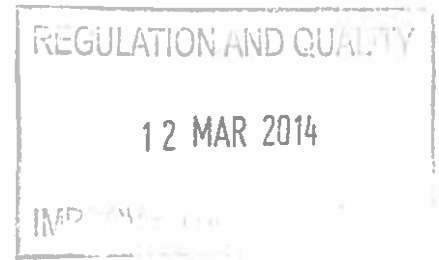
SIGNED: Judith Mulgrew
 NAME: [Signature]
 Registered Provider
 DATE: 25/10/2014

SIGNED: Judith Mulgrew
 NAME: [Signature]
 Registered Manager
 DATE: 25/10/2014

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		Jo Browne	29/10/14
B	Further information requested from provider		✓	Jo Browne	29/10/14



The Regulation and
Quality Improvement
Authority



Pre-Inspection Self-Assessment Laser/IPL Service

Name of Establishment:	Skin Medi Spa
Establishment ID No:	11085
Date of Inspection:	16 April 2014
Inspector's Name:	Jo Browne
Inspection No:	17471

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the establishment since the previous inspection?		✓
Yes, please comment		
/		

Policies and Procedures

	YES	NO	
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	PM	PM
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	PM	PM
Do all policies and procedures contain the date of issue, date of review and version control?	✓	PM	PM
Are all policies and procedures ratified by the registered person?	✓	PM	PM
No, please comment			

Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual client?	✓	
Are arrangements in place to securely store client care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	✓	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	✓	
No, please comment		

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	✓	
No, please comment		

Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between clients?	✓	
No, please comment		

Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are training records available which confirm that the following mandatory training has been undertaken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AUTHORISED USERS	YES	NO
Core of knowledge training – within the past 5 year years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infection prevention and control training – annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire safety – annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If No, please comment		

Appraisal

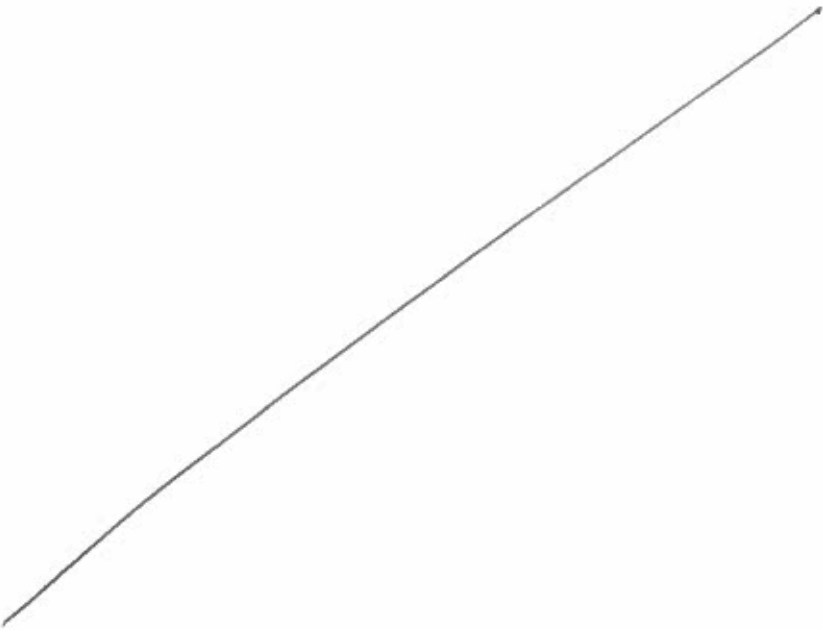
	YES	NO
Does the establishment have an appraisal policy and procedure in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No, please comment		

Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
No, please comment		

Lasers/IPL Service


	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report?	✓	
Has the establishment an up to date risk assessment undertaken by their LPA?	✓	
Does the establishment have up to date local rules in place?	✓	
Does the establishment have up to date medical treatment protocols in place?	✓	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	✓	
Does the establishment have arrangements in place for a medical support service?	✓	
Does the establishment have a list of authorised users?	✓	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	✓	
Does the establishment have protective eyewear in place, as outlined in the local rules?	✓	
Is the controlled area clearly defined?	✓	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	✓	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	✓	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	✓	
Does the establishment have a laser/IPL safety file in place?	✓	


Does the establishment have a laser/IPL register(s) in place?	✓	
<p>No, please comment</p> 		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
Paula Mulgrew - Quinn			07/03/2014

Judith Mulgrew  Registered Manager 07/03/14