

Inspection Report

12 January 2022



Pretty Woman

Type of service: Independent Hospital – Intense Pulse Light (IPL) service
Address: 16B Church Street, Dromore, BT25 1AA
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: Ms Lorraine Jones</p>	<p>Registered Manager: Ms Lorraine Jones</p> <p>Date registered: 10 February 2010</p>
<p>Person in charge at the time of inspection: Ms Lorraine Jones</p>	
<p>Categories of care: Pretty Woman is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with following categories of care; PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	
<p>Brief description of how the service operates: Pretty Woman provides a range of cosmetic and aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Equipment available in the service:</p> <p>IPL equipment: Manufacturer: Laser S.O.S. Aesthetics Ltd Model: Sapphire A40 1-2P Serial Number: SUI PLPCA -- 00106 Hand Pieces: One Wavelength: 610 – 1000 nm</p> <p>Laser protection advisor (LPA): Mr Irfan Azam (Lasernet)</p> <p>Laser protection supervisor (LPS): Ms Lorraine Jones</p> <p>Medical support services: Dr Paul Myers</p> <p>Authorised operator: Ms Lorraine Jones</p> <p>Types of IPL treatment provided: Hair removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 12 January 2021 from 10:00 am to 11.30 am.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Pretty Woman was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; the clinic's adherence to best practice guidance in relation to COVID-19 and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service?

Posters were issued by RQIA to Pretty Woman prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 August 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) b Stated: Second time	The registered person shall ensure that the IPL equipment is serviced in accordance with manufacturer's instructions. The servicing reports for the IPL equipment should be retained in the establishment.	Met
	Action taken as confirmed during the inspection: Ms Jones provided confirmation that the IPL equipment is being serviced in line with manufactures instructions and service records were available for review on inspection.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3.9 Stated: Second time	The registered person shall ensure that adult safeguarding training is undertaken as outlined in the RQIA training guidance and in the Minimum Care Standards for Healthcare Establishments (July 2014).	Met
	Action taken as confirmed during the inspection: Ms Jones provided evidence on inspection to confirm that safeguarding training had been undertaken.	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Ms Jones is the only authorised operator who works in Pretty Woman. Ms Jones told us that IPL treatments are carried out by her as the sole authorised operator and the register of authorised operators reflects this.

A review of training records evidenced that Ms Jones has up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

Appropriate staffing levels were in place to meet the needs of clients.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Ms Jones is the owner and sole authorised operator for this IPL service and does not employ any staff. During discussion Ms Jones confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There were robust recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance, should authorised operators be recruited in the future.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Ms Jones confirmed that IPL treatments are not provided to persons under the age of 18 years.

Discussion with Ms Jones confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Ms Jones, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

As discussed in section 5.2.1 Ms Jones had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The IPL treatment room was clean and clutter free. Discussion with Ms Jones evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously in section 5.2.1 Ms Jones has up to date training in infection prevention and control.

The service had appropriate arrangements in place in relation to IPC and decontamination

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Jones who outlined the measures that are taken to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The proposed management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The service has one IPL treatment room and has access to storage rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Ms Jones, as the LPS and sole authorised operator, has overall responsibility for safety during IPL treatments. 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. 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Ms Jones was aware that the laser safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use. The IPL equipment is operated using a key and appropriate arrangements are in place for the safe custody of the key when the IPL equipment is not in use. Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the 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 during March 2022. The establishment's LPA completed a risk assessment of the premises during January 2022 and there were no recommendations made.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the IPL equipment being used and Ms Jones, as the sole authorised operator, has signed to state that she has read and understood these. Protective eyewear is also available for the client and operator as outlined in the local rules.

Ms Jones told us IPL hair removal procedures are carried out by following identified medical treatment protocols that contain the relevant information about the treatment being provided. The medical treatment protocols had been produced by a named registered medical practitioner and are due to expire during March 2022. Ms Jones told us systems are in place to review the medical treatment protocols when due.

An IPL register was in place and Ms Jones confirmed that the register is completed every time the IPL equipment is operated, and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance and the most recent service report of the IPL equipment was reviewed.

It was determined that appropriate arrangements were in place to safely operate the IPL equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

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.

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

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner (GP), with their consent, for further information if necessary.

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.

Two client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection. Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

It was determined that appropriate arrangements were in place to ensure that clients had a planned programme of care and had sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are involved in the decision making process and are treated with dignity and respect?

Discussion with Ms Jones regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Ms Jones told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Review of the most recent client satisfaction report found that clients were highly satisfied with the quality of treatment given, information provided, care they received and no concerns were raised. Ms Jones confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in the decision making process.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Ms Jones is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Ms Jones demonstrated a clear understanding of her role and responsibility in accordance with legislation. The RQIA certificate of registration was displayed in a prominent place. Observation of insurance documentation confirmed that current insurance policies were in place. Ms Jones 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 range of policies and procedures were available that were indexed and dated. Ms Jones confirmed that these policies and procedures are systematically reviewed on a three yearly basis or more frequently if required. A copy of the complaints procedure was available in the establishment and Ms Jones evidenced a good awareness of complaints management. It was also confirmed that the statement of purpose and client's guide are kept under review, available on request and updated when necessary.

It was determined that appropriate arrangements were in place to ensure the registered person assure themselves of the quality of the services provided.

5.2.12 Does the service have suitable arrangements in place to record equality data?

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

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jones, Registered Person, as part of the inspection process and can be found in the main body of the report

	Regulations	Standards
Total number of Areas for Improvement	0	0



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