

Announced Care Inspection Report 8 January 2020



Medi-Cosmetic

**Type of Service: Independent Hospital (IH) –
Intense Pulse Light (IPL) Service**
Address: 683A Shore Road, Newtownabbey, BT37 0ST
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Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Medi-Cosmetic is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

IPL equipment:

- Manufacturer: Ellipse
- Model: Light
- Serial Number: 08041117
- Wavelength: 555 – 950 nm

Laser protection advisor (LPA):

- Dr Anna Bass (Lasermet)

Laser protection supervisor (LPS):

- Mrs Denise Beck

Medical support services:

- Dr Paul Myers (Lasermet)

Authorised operators:

- Denise Beck, Rebecca Hughes, Shannon Donnelly and Aimee Simms

Types of treatment provided:

- Hair removal, skin rejuvenation, thread vein removal, acne treatments

3.0 Service details

Organisation/Registered Providers: Mrs Denise Beck Mr Stephen Beck	Registered Manager: Mrs Denise Beck
Person in charge at the time of inspection: Mrs Denise Beck	Date manager registered: 3 December 2012
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 8 January 2020 from 14:00 to 15:45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

No areas requiring improvement were identified.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Denise Beck, registered person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 February 2019

No further actions were required to be taken following the most recent inspection on 22 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Completed questionnaires were provided to the inspector during the inspection and were analysed following the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff responses were received.

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

During the inspection the inspector met with Mrs Denise Beck, registered person.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to Mrs Beck at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2019

The most recent inspection of the establishment was an announced care inspection. There were no areas for improvement made as a result of the last inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 February 2019

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Mrs Beck, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Beck confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

It was confirmed that any new authorised operators recruited would be provided with induction training on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, safe application training for the equipment in use, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA mandatory training guidance. Training in basic life support and infection prevention and control was overdue for all authorised operators. However, documentary evidence was submitted to RQIA by email on 17 January 2020, confirming this training had been completed.

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

Discussion with Mrs Beck and review of documentation confirmed that authorised operators take part in appraisal.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Mrs Beck confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

It was confirmed that IPL treatments are provided to persons over the age of 18 years or between 16 and 18 years with parental consent.

Mrs Beck 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 all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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 staff reference.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 17 August 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2017. Systems are in place to review the medical treatment protocols on an annual basis; these were last reviewed in August 2019. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 23 October 2019 and all recommendations made by the LPA have been addressed.

Mrs Beck, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Not authorised operators had signed to state that they have read and understood the most recent local rules and medical treatment protocols; however, this was completed during the inspection.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with Mrs Beck confirmed that systems are in place to ensure other authorised operators are aware of who the LPS are on duty.

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 keypad. Arrangements are in place for the safe custody of the IPL keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 16 May 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed, documentary evidence was submitted to RQIA following the inspection confirming that authorised operators have up to date training in basic life support. Discussion with Mrs Beck confirmed she was aware of 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 Mrs Beck 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, documentary evidence was submitted to RQIA following the inspection confirming that authorised operators have up to date training in infection prevention and control.

Risk Management

Mrs Beck confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Mrs Beck demonstrated that arrangements were in place to review risk assessments.

Arrangements were in place for maintaining the environment. This included servicing of the fire detection systems and fire-fighting equipment. Mrs Beck confirmed that the fire risk assessment and legionella risk assessment are reviewed on an annual basis.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

Further to information submitted following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

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

Four client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

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

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Discussion with Mrs Beck and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

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

Mrs Beck confirmed that staff meetings are held two to three times a year and minutes are retained. Mrs Beck confirmed that in the event of a complaint or incident learning from the investigation would be shared with staff.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Mrs Beck regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. 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 cabinet in a locked room.

Client satisfaction surveys are carried out by the establishment on an annual basis and Mrs Beck confirmed that an action plan would be developed to inform and improve services, if appropriate.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

There is a clear organisational structure within the establishment and Ms Beck has overall responsibility for the day to day management of the service. Arrangements were in place to facilitate annual staff appraisal.

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

Mrs Beck is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed at least on a three yearly basis.

A copy of the complaints procedure was available in the establishment. Discussion with Mrs Beck demonstrated a good awareness of complaints management.

No complaints have been received since the last inspection; however, Mrs Beck confirmed systems are in place to.

Record the details of complaints including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Mrs Beck confirmed that arrangements were in place to share information about complaints and compliments with staff.

Mrs Beck 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.

Mrs Beck 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 include the audit of client records as part of the audit programme.

A whistleblowing/raising concerns policy was available.

Mrs Beck demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Beck 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

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 Mrs Beck.

6.9 Client and staff views

Six clients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

Staff were invited to submit questionnaire responses electronically. No questionnaire responses were submitted to RQIA.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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