

# Inspection Report

7 December 2021



## Medi-Cosmetic

Type of service: Independent Hospital –Intense Pulse Light (IPL)  
Address: 683A Shore Road, Newtownabbey, BT37 0ST  
Telephone number: 028 9086 1186

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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

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| <p><b>Organisation/Registered Persons:</b><br/>Mrs Denise Beck and Mr Stephen Beck</p>   | <p><b>Registered Manager:</b><br/>Mrs Denise Beck</p> <p><b>Date registered:</b><br/>3 December 2012</p> |
| <p><b>Person in charge at the time of inspection:</b><br/>Mrs Denise Beck</p>  |  |
| <p><b>Categories of care:</b><br/>Independent Hospital (IH)<br/>PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>  |  |
| <p><b>Brief description of how the service operates:</b><br/>Medi-Cosmetic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>Medi-Cosmetic also 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 categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>IPL equipment</b><br/>Manufacturer: Ellipse<br/>Model: Light<br/>Serial Number: 08041117<br/>Wavelength: 555 – 950 nm</p> <p><b>Laser protection advisor (LPA):</b><br/>Ms Anna Bass (Lasernet)</p> <p><b>Laser protection supervisor (LPS):</b><br/>Mrs Denise Beck</p> <p><b>Medical support services:</b><br/>Dr Paul Myers (Lasernet)</p> <p><b>Authorised operators:</b><br/>Mrs Denise Beck<br/>Ms Rebecca Hughes</p> |  |

Ms Shannon Donnelly

**Types of IPL treatments provided:**

- hair removal
- skin rejuvenation
- thread vein removal
- acne treatments

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 December 2021 from 10:00 am 1.00 pm.

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 Medi-Cosmetic 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; 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

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Medi-Cosmetic that indicated that the clients were very satisfied with the care and treatment provided.

Posters were issued to Medi-Cosmetic by RQIA 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?

The last inspection to Medi-Cosmetic was undertaken on 8 January 2020; no areas for improvement were identified.

## 5.2 Inspection outcome

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

Mrs Beck told us there are 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 was 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 one authorised operator had completed core of knowledge training within the last five years and was in date. It was identified that the other two authorised operators had exceeded the time frame and were required to complete this training in keeping with best practice guidance. This was discussed with Mrs Beck who gave assurances that core of knowledge training would be undertaken by the two identified authorised operators at the earliest opportunity. Following the inspection RQIA received evidence by email that one of the identified authorised operators had completed this training and the other was due to complete this in January 2022.

All authorised operators had undertaken application training for the equipment in use, infection prevention and control training and safeguarding adults training in keeping with the RQIA training guidance. However, Mrs Beck had not undertaken basic life support or fire safety awareness training within the past year. This was discussed and following the inspection RQIA received confirmation by email that Mrs Beck would complete this training during January 2022.

Mrs Beck confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

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?**

Robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Beck 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.

### **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.

Mrs Beck 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 Mrs Beck, as the safeguarding lead, has completed training in safeguarding adults. The level of the training undertaken was discussed and Mrs Beck has agreed to ensure that further safeguarding training will be completed 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 previously discussed, following receipt of Mrs Beck's updated training records, it was evidenced that all authorised operators had up to date training in basic life support. Discussion with Mrs Beck demonstrated that she was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place.

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 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, authorised operators had 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 Mrs Beck who outlined the measures that will be taken by Medi-Cosmetic 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 treatment room used for IPL treatments along with several other treatment rooms and access to storage rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that carbon dioxide (CO<sub>2</sub>) fire extinguishers were available which have 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 laser and IPL procedures are safe?

An IPL 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 reviewed expired on 18 August 2021. This was discussed with Mrs Beck and following the inspection RQIA received a copy of new service level agreement that expires on 18 August 2022.

Up to date, local rules were in place which has been developed by the LPA and contained the relevant information about the IPL equipment being used.

The establishment's LPA completed a virtual risk assessment of the premises by zoom on 21 June 2021. It was noted that not all of the recommendations made by the LPA had been signed off as being addressed. This was discussed with Mrs Beck and following the inspection RQIA received evidence that all of the recommendations had been signed off by Mrs Beck as addressed.

Mrs Beck told us that IPL procedures are carried out following medical treatment protocols that had been produced by named registered medical practitioner. The medical treatment protocols had expired on 19 August 2021. This was discussed with Mrs Beck and following the inspection RQIA received evidence that the medical treatment protocols had been reviewed on 19 August 2021 and will expire on 19 August 2022. The medical treatment protocols contained the relevant information about the treatments being provided.

Mrs Beck, as the LPS has overall responsibility for safety during IPL treatments and a list of authorised operators was maintained. Authorised operators had signed to state that they had 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 is operated using a keypad code. Arrangements are in place for the safe custody of the 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. Mrs Beck confirmed that all authorised operators were aware that the laser safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use. Medi-Cosmetic has an IPL register in place.

The register should be completed every time the equipment is operated, the register included:

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

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

It was determined that, in general, appropriate arrangements were in place to 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. The service 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 (GP), with their consent, for further information if necessary.

Two client care records were reviewed. There was an accurate and up to date treatment record for each 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)

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

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

Discussion with Mrs Beck 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely.

Mrs Beck told us that she encourages clients to complete a satisfaction survey when their treatment is complete. Mrs Beck has agreed to collate the results of these to provide a summary report which will be made available to clients and other interested parties. Mrs Beck confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction surveys found that clients were highly satisfied with the quality of treatment, information and care received.

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

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

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

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.

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

Observation of insurance documentation confirmed that current insurance policies were in place.

**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 Mrs Beck.

Discussion with Mrs Beck 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**

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of Areas for Improvement</b> | 0                  | 0                |

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



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Authority

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