



The Regulation and
Quality Improvement
Authority

Inspector: Jo Browne
Inspection ID: IN022130

Medi-Cosmetic
RQIA ID: 11166
683A Shore Road
Newtownabbey
BT37 0ST

Tel: 028 9086 1186

**Announced Care Inspection
of
Medi-Cosmetic**

30 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 30 June 2015 from 10.00 to 12.15. Overall on the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments 2014.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Medicosmetic Mrs Denise Beck and Mr Stephen Beck	Registered Manager: Mrs Denise Beck
Person in Charge of the Establishment at the Time of Inspection: Mrs Denise Beck	Date Manager Registered: 3 December 2012
Categories of Care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL Equipment

Manufacturer: Ellipse
 Model: Light
 Serial Number: 080411117

Laser Protection Advisor (LPA) - Dr Anna Bass (Lasernet)

Laser Protection Supervisor (LPS) - Ms Melanie Agnew

Medical Support Services - Dr Paul Myers (Lasernet)

Authorised Users - Mrs Denise Beck and Ms Melanie Agnew

Types of Treatment Provided – Hair removal, skin rejuvenation, thread vein removal, acne treatments.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with both authorised users, Mrs Beck and Ms Agnew.

The following records were examined during the inspection:

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|----------------------------------|-------------------------------|
| • Six client care records | • Incident/accident records |
| • Laser safety file | • Local rules |
| • Laser risk assessment | • Medical treatment protocols |
| • Policies and procedures | • Equipment service records |
| • Client feedback questionnaires | • Complaints records |

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 08 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 8 May 2015

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard C10.3	The registered provider/manager 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 include the interim management arrangements for the establishment.	Met
	Action taken as confirmed during the inspection: There was an absence of the registered manager policy and procedure in place that included reporting arrangements to RQIA, in line with the legislation. The policy also outlined the interim management arrangements for the establishment.	
Recommendation 2 Ref: Standard C10.16	The registered provider/manager should check the Northern Ireland Adverse Incident Centre (NIAIC) website on a regular basis, download and action any alerts which are relevant to the service. A record of the visits made to the website should be retained.	Met
	Action taken as confirmed during the inspection: The registered person confirmed that she visits the website on a weekly basis and no alerts were relevant to their service. It was advised that they retain a record of the dates she reviewed the website.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with the authorised users confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with the authorised users and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Medi-Cosmetic obtains the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver. The establishment has introduced an email client survey which emails each client following their treatment.

The establishment issued feedback questionnaires to clients and 25 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- "All very good"
- "Melanie and her colleagues are always professional and welcoming"
- "A pleasure to visit, friendly and professional staff"
- "Mel has been treating me for a number of years. She has always been very welcoming and put me at ease yet always professional with it"
- "Mel is an excellent nurse who balances professionalism and friendliness when delivering treatment"
- "Fabulous as always!"

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 waiting area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by the registered person and an action plan is developed and implemented to address any issues, if identified.

Is Care Compassionate?

No clients wished to speak with the inspector.

Review of care records and discussion with the authorised users confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Beck confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mrs Beck confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

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.

Mrs Beck demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints

Systems are in place to store complaint records securely in line with data protection legislation.

The complaints procedure is contained within the Client Guide; copies of which are available in the IPL treatment room for clients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Mrs Beck confirmed that the complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Standard 48 - Laser and Intense Light Sources

Is Care Safe?

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.

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 on 18 August 2015.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2014. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:

- 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

The establishment has local rules in place which have been developed by their LPA on 14 October 2014.

The local rules cover:

- 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

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 21 August 2013 which is due for renewal on 13 October 2015; all recommendations made by the LPA have been addressed.

The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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 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.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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 code. Arrangements are in place for the safe custody of the keypad codes when not in use.

Is Care Effective?

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

Six 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); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 25 February 2015 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

Is Care Compassionate?

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.

5.7 Additional Areas Examined

5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since registration with RQIA. However discussion with Mrs Beck confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA registration and Insurance Arrangements

Discussion with Mrs Beck regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>D. Ball</i>	Date Completed	30/7/15
Registered Person	<i>D. Ball</i>	Date Approved	30/7/15
RQIA Inspector Assessing Response	<i>J. Ball</i>	Date Approved	17/08/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.