



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Medi-Cosmetic  
**Establishment ID No:** 11166  
**Date of Inspection:** 8 May 2014  
**Inspector's Name:** Jo Browne  
**Inspection No:** 16885

**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**

|                                                                             |                                                                                                           |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Name of establishment:</b>                                               | Medi-Cosmetic                                                                                             |
| <b>Address:</b>                                                             | 683A Shore Road<br>Newtownabbey<br>BT37 0ST                                                               |
| <b>Telephone number:</b>                                                    | 02890861186                                                                                               |
| <b>Registered organisation/<br/>registered provider:</b>                    | Mr George Stephen Beck<br>Mrs Ann Denise Beck                                                             |
| <b>Registered manager:</b>                                                  | Mrs Ann Denise Beck                                                                                       |
| <b>Person in charge of the establishment<br/>at the time of inspection:</b> | Mrs Denise Beck                                                                                           |
| <b>Registration category:</b>                                               | PT(IL) – Prescribed techniques or<br>prescribed technology: establishments<br>using intense light sources |
| <b>Date and time of inspection:</b>                                         | 8 May 2014<br>10.00 – 12.00                                                                               |
| <b>Date and type of previous inspection:</b>                                | Announced<br>28 May 2013                                                                                  |
| <b>Name of inspector:</b>                                                   | 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 Intense Pulsed Light (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 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, Mrs Denise Beck
- Discussion with staff
- 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 | 7 |
| Spoke with staff                                                     | 1 |

### 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**

Medi-Cosmetic is situated within a purpose built commercial building located on the Shore Road in Whiteabbey. The clinic is close to public transport routes and local amenities.

On street car parking is available for clients.

The establishment is not accessible for clients with a disability as the clinic is located on the first and second floor of the building.

A waiting area and toilet facilities are available for client use.

The establishment's statement of purpose outlines the range of services provided.

Medi-Cosmetic is registered as an independent clinic providing Prescribed techniques and prescribed technologies: establishments using intense light sources.

#### **Intense Pulsed Light (IPL)**

Manufacturer: Ellipse  
Model: Light SPT  
Serial Number: 08041117

#### **Laser Protection Advisor (LPA)**

Dr Anna Bass

#### **Laser Protection Supervisor (LPS)**

Ms Melanie Agnew

#### **Medical Support Services**

Dr Paul Myers

#### **Authorised Users**

Mrs Denise Beck  
Ms Melanie Agnew

#### **Types of Treatment Provided**

Hair Removal  
Skin rejuvenation  
Thread Vein Removal  
Acne treatments

## 4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 8 May 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 were five requirements and two recommendations made as a result of the previous annual announced inspection on 28 May 2013. All of the requirements/recommendations have been fully addressed.

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

Mrs Denise Beck, registered provider/manager, 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. Medi-Cosmetic collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in waiting area of the clinic. Mrs Beck also informed the inspector that they would include the summary report on their website and social media page.

Medi-Cosmetic 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/manager displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. Mrs Beck 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 procedures in relation to whistleblowing and found 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, in line with the legislation. The policy should include the interim management arrangements for the establishment.

Mrs Beck undertakes ongoing training to ensure that she is up to date in all areas relating to the provision of services and maintains her Nursing and Midwifery Council (NMC) registration.

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 however systems are in place to document, 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. This includes the registered provider/manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

A recommendation was made to 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.

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 well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided.

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 and 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 environment in which the IPL equipment is used was found to be safe and controlled. A risk assessment had been undertaken by the

establishment's LPA on 21 August 2013 and all issues identified had been addressed. Protective eyewear was available for the client and operator as outlined in the local rules.

Laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a keypad control system. Arrangements are in place for the safe custody of the IPL keypad control codes 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 of 20 May 2013 was reviewed by the inspector.

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

Two recommendations 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 Mrs Denise Beck and the staff of Medi-Cosmetic for their hospitality and contribution to the inspection process.



## 5.0 Follow up on Previous Issues

| No. | Regulation Ref. | Requirements                                                                                                                                                                                                            | Action taken as confirmed during this inspection                                                                                                                                | Number of times stated | Inspector's validation of compliance |
|-----|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| 1   | 17 (2)          | The registered provider must ensure that the information received from the client feedback questionnaires is collated into an annual summary report and made available to clients and other interested parties to read. | The inspector reviewed the completed summary report as part of the inspection process. The report will be made available in the clinic, on their website and social media page. | One                    | Compliant                            |
| 2   | 39              | The registered provider must ensure that the local rules are amended as outlined in the main body of the report.                                                                                                        | The clinic changed their LPA and new local rules were issued on 21 August 2013, which were reviewed by the inspector, and addressed all the previous issues identified.         | One                    | Compliant                            |
| 3   | 39              | The registered provider must employ an LPA with a certificate of competence that includes medical.                                                                                                                      | The inspector reviewed the new LPA's certificate of competence which includes medical.                                                                                          | One                    | Compliant                            |
| 4   | 18 (2) (a)      | The provider must ensure that all mandatory training requirements are met as outlined in the main body of the report.                                                                                                   | The inspector reviewed the training records and found that all mandatory training was up to date.                                                                               | One                    | Compliant                            |
| 5   | 15 (2) (b)      | The registered provider must ensure that arrangements are made to refurbish the IPL head as outlined in the service report.                                                                                             | The inspector reviewed the service records which included the refurbishment of the IPL head.                                                                                    | One                    | Compliant                            |

| No. | Minimum Standard Ref. | Recommendations                                                                                                                                        | Action taken as confirmed during this inspection                                                          | Number of times stated | Inspector's validation of compliance |
|-----|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| 1   | P2.8                  | The registered provider should ensure that the number of shots is recorded in the IPL register to determine the precise exposure given to each client. | The inspector reviewed the IPL register which recorded the number of shots being delivered to the client. | One                    | Compliant                            |
| 2   | C22.1                 | The provider should ensure that cleaning schedules are developed and implemented that maintain a record of cleaning undertaken.                        | The inspector reviewed the completed cleaning schedules as part of the inspection process.                | One                    | Compliant                            |

## 6.0 Inspection Findings

| <b>STANDARD C4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |
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| <b>Patient Partnerships:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.</b> |
| <p>Medi-Cosmetic 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 seven 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.</p> <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 reception area of the clinic. Mrs Beck informed the inspector that she intended to make a copy of the summary report available of the establishment's website and social media page.</p> |                                                                                                                                         |

### **Evidenced by:**

**Review of client feedback questionnaires**

**Review of summary report of client feedback questionnaires**

**Summary report made available to clients and other interested parties**

**Discussion with staff**

| <b>STANDARD C5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Complaints:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>All complaints are taken seriously and dealt with.</b> |
| <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. Mrs Beck 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**

**Staff discussion**

**Review of complaints records**

| <b>STANDARD C10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |
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| <b>Management of Operations:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.</b> |
| <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>Mrs Beck ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and draft minimum standards.</p> <p>Mrs Beck 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, in line with the legislation. The policy should include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with Mrs Beck confirmed that she undertakes training relevant to her role and responsibilities within the organisation. She also maintains her NMC registration.</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 registration; however systems are in place to document and manage incidents appropriately. An incident grab sheet was attached to the IPL equipment.</p> <p>The registered provider/manager has systems in place to deal with all alert letters issued by the DHSSPS.</p> <p>A recommendation was made to 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.</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. Mrs Beck ensures that all health care professionals adhere to their published codes of professional conduct and professional guidelines.</p> <p>There are systems in place to check the registration status of health care professionals with their appropriate professional bodies on an annual basis.</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</p> |                                                                                                                              |

available to those staff.

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 area of the premises.

**Evidenced by:**

**Review of policies and procedures**  
**Review of training records**  
**Review of Client Guide**  
**Review of Statement of Purpose**  
**Discussion with registered provider/manager**  
**Discussion with staff**  
**Review of alert letters**  
**Review of competency and professional qualifications**  
**Review of incident management**  
**Review of insurance arrangements**

| <b>STANDARD P1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |
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| <b>Patient Information and Laser procedures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Patients are clear about what procedures involve, the costs and the skills and experience of those carrying out the procedures.</b> |
| <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 during their initial consultation.</p> |                                                                                                                                        |

**Evidenced by:**

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

| <b>STANDARD P2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |
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| <b>Procedures for Use of Lasers and Intense Light Sources:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Patients have laser and intense light source procedures carried out by, experienced operators, and in accordance with procedures.</b> |
| <p>IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers 19 August 2014. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> <li>• Indications</li> <li>• Contraindications</li> <li>• Technique</li> <li>• Pre-treatment tests</li> <li>• Pre-treatment care</li> <li>• Post-treatment care</li> <li>• Recognition of treatment related problems</li> <li>• Procedure if anything goes wrong with the treatment</li> <li>• Permitted variation on machine variables</li> <li>• Procedure in the event of equipment failure</li> </ul> <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 August 2014.</p> <p>The establishment has local rules in place which have been developed by their LPA on 21 August 2013.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> <li>• The potential hazards associated with lasers</li> <li>• Controlled and safe access</li> <li>• Authorised operator's responsibilities</li> <li>• Methods of safe working</li> <li>• Safety checks</li> <li>• Personal protective equipment</li> <li>• Prevention of use by unauthorised persons</li> <li>• Adverse incidents procedures</li> </ul> <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 authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.</p> |                                                                                                                                          |



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

The IPL register was amended following the previous inspection to include the number of shots delivered to the client; this enables the precise exposure to be calculated.

Six client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken.

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**

| <b>STANDARD P3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Training for Staff using Lasers and Intense Light Sources</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>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.</b> |
| <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"> <li>• Basic life support annually</li> <li>• Fire safety annually</li> <li>• Infection prevention and control annually</li> </ul> <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 in January 2014.</p> |                                                                                                                                                                                    |

**Evidenced by:**

- Review of training records**
- Discussion with staff**

| <b>STANDARD P4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Safe Operation of Lasers and Intense Light Sources:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>The environment in which lasers and intense light sources are used is safe.</b> |
| <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>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.</p> <p>The IPL equipment is operated using a keypad control system. Arrangements are in place for the safe custody of the IPL keypad codes 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 of 20 May 2013 was reviewed as part of the inspection process. The IPL head was refurbished following the last inspection.</p> <p>The establishment's LPA completed a risk assessment of the premises on 21 August 2013 and all recommendations made by the LPA had been addressed.</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 Mrs Denise Beck 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**

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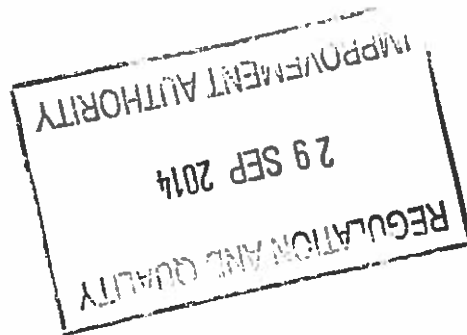
**Jo Browne**  
**Inspector / Quality Reviewer**

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**Date**



The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan

### Announced Inspection

**Medi-Cosmetic**

**8 May 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 Mrs Denise Beck, registered provider/manager either during or after 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.

**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) | TIMESCALE                                     |
|-----|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|-----------------------------------------------|
| 1.  | C10.3                      | <p>The registered provider/manager should develop a policy and procedure to ensure that RQIA is notified if the registered manager is absent for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p><b>Ref: Standard C10</b></p>          | One                    | Policy Developed                                | Within three months<br><i>[Signature]</i>     |
| 2.  | C10.16                     | <p>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.</p> <p><b>Ref: Standard C10</b></p> | One                    | NIAIC Checked weekly.                           | Immediately and ongoing<br><i>[Signature]</i> |

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: *D Beale / Stephen Beale*  
 NAME: *Denise Beale / STEPHEN BEALE*  
 Registered Provider  
 DATE *1-9-14*

SIGNED: *D Beale*  
 NAME: *Denise Beale*  
 Registered Manager  
 DATE *1-9-14*

| QIP Position Based on Comments from Registered Persons |                                                                       | Yes | No | Inspector        | Date            |
|--------------------------------------------------------|-----------------------------------------------------------------------|-----|----|------------------|-----------------|
| A                                                      | Quality Improvement Plan response assessed by inspector as acceptable | ✓   |    | <i>Jo Browne</i> | <i>17/10/14</i> |
| B                                                      | Further information requested from provider                           |     | ✓  | <i>Browne</i>    | <i>17/10/14</i> |



**The Regulation and  
Quality Improvement  
Authority**

**Pre-Inspection Self-Assessment  
Laser/IPL Service**

|                               |                      |
|-------------------------------|----------------------|
| <b>Name of Establishment:</b> | <b>Medi Cosmetic</b> |
| <b>Establishment ID No:</b>   | <b>11166</b>         |
| <b>Date of Inspection:</b>    | <b>8 May 2014</b>    |
| <b>Inspector's Name:</b>      | <b>Jo Browne</b>     |
| <b>Inspection No:</b>         | <b>16885</b>         |

**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? |     | ✓  |
| <b>Yes, please comment</b>                                                                                 |     |    |

#### 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? | ✓   |    |
| Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?                 | ✓   |    |
| Do all policies and procedures contain the date of issue, date of review and version control?                                    | ✓   |    |
| Are all policies and procedures ratified by the registered person?                                                               | ✓   |    |
| <b>No, please comment</b>                                                                                                        |     |    |

#### 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?                                                                                                               | ✓   |    |
| <b>No, please comment</b>                                                                                                                                                      |     |    |

### 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?                             | ✓   |    |
| <b>No, please comment</b>                                                                                                                      |     |    |

### Medical Emergencies

|                                                             | YES | NO |
|-------------------------------------------------------------|-----|----|
| Are arrangements in place to deal with medical emergencies? | ✓   |    |
| <b>No, please comment</b>                                   |     |    |

### 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?                                               | ✓   |    |
| <b>No, please comment</b>                                                                                                                                                                                        |     |    |

### 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? | ✓   |    |
| <b>No, please comment</b>                                                                                                                                                  |     |    |

### 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?              | ✓   |    |
| <b>No, please comment</b>                                                                      |     |    |

### 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?  | ✓   |    |
| <b>No, please comment</b>                                                                                                                           |     |    |

### Mandatory Training

|                                                                                                                     | YES        | NO        |
|---------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Are arrangements in place for all new authorised users to participate in an induction programme?                    | ✓          |           |
| Are training records available which confirm that the following mandatory training has been undertaken:             |            |           |
| <b>AUTHORISED USERS</b>                                                                                             | <b>YES</b> | <b>NO</b> |
| Core of knowledge training – within the past 5 year years                                                           | ✓          |           |
| Application training for all equipment and all laser/IPL treatments provided - within the past 5 years              | ✓          |           |
| Infection prevention and control training – annually<br><i>Feb 2010</i>                                             | ✓          |           |
| Fire safety – annually<br><i>In House</i>                                                                           | ✓          |           |
| Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years<br><i>2012</i> | ✓          |           |
| <b>OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)</b>                                             | <b>YES</b> | <b>NO</b> |
| Laser safety awareness training – annually                                                                          | ✓          |           |
| <b>If No, please comment</b>                                                                                        |            |           |

### Appraisal

|                                                                                                  | YES | NO |
|--------------------------------------------------------------------------------------------------|-----|----|
| Does the establishment have an appraisal policy and procedure in place?                          | ✓   |    |
| Are systems in place to provide recorded annual appraisals for authorised users? (if applicable) | ✓   |    |
| <b>No, please comment</b>                                                                        |     |    |

**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?                                                                    | ✓   |    |
| <b>No, please comment</b>                                                                                                                                |     |    |

**Lasers/IPL Service**


|                                                                                                                                                     | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does the establishment have a certified Laser Protection Advisor (LPA)? <i>ANNA ROSS - LASERMET</i>                                                 | ✓   |    |
| 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><b>No, please comment</b></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   |
|--------|-------------------------------------------------------------------------------------|-------------|--------|
| D Beck |  |             | 7/5/14 |