Announced Care Inspection Report
15 January 2018

Medi-Cosmetic

Type of Service: Cosmetic Independent Hospital (IH) – Intense Pulse Light (IPL) Service
Address: 683A Shore Road, NewtownabbeyBT37 0ST
Tel No: 02890861186
Inspector: Emily Campbell

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

1.0 What we look for

2.0 Profile of service

This is an Independent Hospital (IH) – intense pulsed light (IPL) service. Types of treatment provided are hair removal, skin rejuvenation, thread vein removal and acne treatments

IPL equipment:

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

Laser protection advisor (LPA):

- Dr Anna Bass (Lasermet)

Laser protection supervisor (LPS):

- Mrs Denise Beck

Medical support services:

- Dr Paul Myers (Lasermet)

Authorised operators:

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

Types of treatment provided:

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

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 15 January 2018 from 9:55 to 12:05.

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

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

Examples of good practice were evidenced in all four domains. These included infection prevention and control, IPL safety, the client experience, the environment and governance arrangements.

Three areas for improvement were made against the standards in relation to staff appraisal, retention of training records and safeguarding training.

Clients who submitted questionnaire responses indicated a high level of satisfaction with the service provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Denise Beck, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 18 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 October 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mrs Beck and an authorised operator.

The following records were examined during the inspection:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 October 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 4 (f) **Stated:** First time	The registered provider must ensure a fire risk assessment is developed and reviewed on an annual basis. The fire risk assessment should be retained in the establishment and available for inspection.	**Met**
	Action taken as confirmed during the inspection: Mrs Beck confirmed that a fire risk assessment had been developed following the	

	previous inspection. Since then a fire risk assessment was completed by an external contractor on 30 October 2017 and it was confirmed this would be reviewed annually.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.3 **Stated:** First time	A formal written induction programme should be developed. Copies of completed induction records should be retained in the personnel files of any new staff recruited.	**Met**
	Action taken as confirmed during the inspection: An induction programme was available, which was further developed during the inspection to include suggested topics for discussion with new staff. No new authorised operators have been recruited since the previous inspection.	
Area for improvement 2 **Ref**: Standard 24 **Stated:** First time	Fire safety awareness training should be provided and fire drills undertaken on at least an annual basis. Records should be retained for inspection.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that fire drills are carried out every three months and that fire safety awareness training had been provided in house. Documentary evidence confirmed that fire warden training was scheduled to be provided by an external contractor on the day following the inspection.	
Area for improvement 3 **Ref**: Standard 14.2 **Stated:** First time	Recruitment and selection procedures should be further developed to ensure the following are obtained and details retained in personnel files on recruitment of new staff: • two written references, one of which should be from the current/most recent employer • a health assessment • criminal conviction declarations on application	**Met**

	Action taken as confirmed during the inspection: No authorised operators have been recruited since the previous inspection. Mrs Beck confirmed that the above information would be obtained prior to any authorised operators commencing employment. Review of recruitment documentation evidenced that these areas have been included in application forms.	
Area for improvement 4 **Ref**: Standard 3 **Stated:** First time	The policy and procedure for adult protection should be further developed in accordance to the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July2015) and training provided to staff. Training records should be retained.	**Met**
	Action taken as confirmed during the inspection: Review of the safeguarding adults policy confirmed that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

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

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

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support and infection prevention and control. It was confirmed that fire safety training and adult safeguarding training had been provided; however, records were not available to evidence this. An area for improvement against the standards was made that training records should be

retained of all training provided. Training record templates were developed during the inspection to retain records of all training. As discussed previously, documentary evidence was provided confirming that fire warden training had been scheduled for the day following the inspection. Mrs Beck advised that all staff will undertake this training.

Mrs Beck confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received safety awareness training, however, training records were not retained. As discussed an area for improvement was identified in this regard.

Discussion with Mrs Beck and review of documentation confirmed that authorised operators take part in appraisal, however this is overdue and an area for improvement against the standards was made in this regard.

Recruitment and selection

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

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

A staff register had been established and was up to date.

Safeguarding

Mrs Beck was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. As discussed previously, it was confirmed that safeguarding training had been provided in house, however, no records had been retained. An area for improvement against the standards was made that the safeguarding lead should undertake formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

IPL safety

An IPL safety file was in place which contained all of the relevant information in relation to IPL equipment.
There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 18 August 2018.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The establishment's LPA completed a risk assessment of the premises on 2 November 2016 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

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

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

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

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

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

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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 12 May 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Mrs Beck confirmed she was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs Beck and an authorised operator evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a high standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher is available which has been serviced within the last year. Emergency lighting and fire alarm testing is carried out on a regular basis and fire safety checks are carried out.

Client and staff views

Two clients submitted questionnaire responses. Both indicated that they felt safe and protected from harm. The following comment was provided:

- "I only go to Medi-Cosmetic for treatments – would not consider going anywhere else because I feel so safe at Medi-Cosmetic. 2nd to none!"

Six staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

Training records should be retained of all training provided.

Staff appraisal should be undertaken on an annual basis.

The safeguarding lead should undertake training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Care pathway

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

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

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

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

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

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

The establishment is registered with the Information Commissioners Office (ICO).

Communication

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

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

Staff confirmed that management is approachable and their views and opinions are listened to. Mrs Beck confirmed that staff meetings are held two to three times a year and minutes are

retained. In addition monthly update meetings are held which includes in house training. Mrs Beck confirmed that in the event of a complaint or incident learning from the investigation would be shared with staff.

Client and staff views

Both clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them. All were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity respect and involvement with decision making

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

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

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Client and staff views

Both clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. All indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. An authorised operator confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal, however as discussed previously, this is overdue. Mrs Beck has overall responsibility for the day to day management of the service.

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

A copy of the complaints procedure was available in the establishment. Discussion with Mrs Beck demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with Mrs Beck confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Beck confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. If required an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available.

Mrs Beck demonstrated a clear understanding of her role and responsibility in accordance with legislation. Mrs Beck confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Client and staff views

Both clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Five staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Denise Beck, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP 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 the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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 (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 16 January 2018	The registered person shall ensure that training records are retained of all training provided. Ref: 6.4
	Response by registered person detailing the actions taken: Completed
Area for improvement 2 **Ref**: Standard 13.9 **Stated:** First time **To be completed by:** 15 April 2018	The registered person shall ensure that staff appraisal is undertaken on an annual basis. Ref: 6.4
	Response by registered person detailing the actions taken: Completed and ongoing
Area for improvement 3 **Ref**: Standard 3.9	The registered person shall ensure that the safeguarding lead undertakes training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

Stated: First time **To be completed by:** 15 April 2018	Ref: 6.4
	Response by registered person detailing the actions taken: Training to be arranged

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews