



The Regulation and
Quality Improvement
Authority

Announced Care Inspection Report 2 September 2016



Perfections Day Spa

Type of Service: Cosmetic Intense Pulsed Light (IPL) Service

Address: 10 Society Street, Coleraine BT52 1LA

Tel No: 02870355306

Inspectors: Winnie Maguire and Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Perfections Day Spa took place on 2 September 2016 from 10:30 to 13:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Joanne Reid, registered person/manager and the only authorised user for the IPL service demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, laser safety, management of medical emergencies, infection prevention control and decontamination, and the general environment. A recommendation was made to update the safeguarding policy and sign that it has been read and understood.

Is care effective?

Observations made, review of documentation and discussion with Mrs Reid demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Reid demonstrated that arrangements are in place to promote clients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joanne Reid registered person/manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Perfections day spa Mrs Joanne Reid	Registered manager: Mrs Joanne Reid
Person in charge of the establishment at the time of inspection: Mrs Joanne Reid	Date manager registered: 1 November 2013
Categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL equipment

Manufacturer: Elipse
 Model: Light SPT
 Serial Number: 05020291
 Laser Class: IPL

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

Laser Protection Supervisor (LPS) – Mrs Joanne Reid

Medical support services – Dr Paul Myers (Lasernet)

Authorised user - Mrs Joanne Reid

Types of treatment provided – permanent hair reduction, treatment of broken facial capillaries, treatment of sun damaged skin and treatment of pigmentation areas.

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Mrs Reid is the only authorised user and staff questionnaires were not returned in time for inclusion in this report. Prior to inspection we analysed the following records: notifiable events, complaints declaration and returned completed client questionnaires.

During the inspection the inspector met with Mrs Joanne Reid registered person/manager, and authorised user and briefly with one member of staff who assists in the administration of the establishment. A tour of the registered premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 June 2015

As above.

4.3 Is care safe?

Staffing

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

It was confirmed that IPL treatments are only carried out by the authorised user. A register of authorised users for the IPL is maintained and kept up to date.

Mrs Reid confirmed there were no other staff directly involved in the provision of the IPL service however induction programmes will be provided to new staff on commencement of employment if necessary.

A review of training records evidenced that the authorised user had up to date training in core of knowledge training, application training for the equipment in use, basic life support (date scheduled), infection prevention and control and fire safety.

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

Recruitment and selection

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

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

Safeguarding

Policies and procedures were in place for the safeguarding and protection of adults and children. A recommendation was made to review the safeguarding adults policy to reflect the guidance issued in July 2015 –Adult Safeguarding Prevention and Protection in Partnership and the policy should then be signed as read and understood by Mrs Reid. Following inspection RQIA forwarded to Mrs Reid electronic copies of the guidance document and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

IPL safety

A laser 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 31 May 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols reviewed by Dr Paul Myers on 10 May 2016. 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 are 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 31 May 2016 and no recommendations were made

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised users is maintained. When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. The Authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.

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 key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules. Mrs Reid confirmed the operator eyewear had a black lace attached to identify them from the client protective eyewear. It was advised to label the protective eyewear for use by the operator and the client in accordance to the local rules.

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

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

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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 10 August 2016 was reviewed as part of the inspection process.

Management of emergencies

As discussed, the authorised user has up to date training in basic life support. Discussion with Mrs Reid confirmed she was aware 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 Reid evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, the authorised user has up to date training in infection prevention and control.

Environment

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

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Client views

Two clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

The following comments were provided:

- "Everything full explained in consultation and all questions answered"
- "All thoroughly explained-felt very safe. Joanne very knowledgeable."

Areas for improvement

Review the safeguarding adults policy to reflect the guidance issued in July 2015 –Adult Safeguarding Prevention and Protection in Partnership and the policy should then be signed as read and understood by Mrs Reid.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

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. It was noted Mrs Reid had sought medical advice from the establishment's medical support service – Dr Paul Myers, in relation to clients on specific medication before commencing IPL treatment. Mrs Reid then followed the advice given. This is to be commended.

Seven 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.

Client 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.

The following comments were provided:

- "Excellent .Safety a big part of treatment. Great staff."
- "Everything explained with care and attention."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mrs Reid 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 user 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 locked filing cabinet

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.

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

- Some comments from clients included:
- “Well explained treatments and happy with the results.”
 - “My visits to Perfections are pleasurable in every way.”

Client 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.

- The following comments were provided:
- “Consultations and treatments carried out in a private room.”
 - “Joanne approachable and understanding.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance

There was a clear organisational structure within the establishment, as stated Mrs Reid is the only authorised user and has overall responsibility for the day to day management of the service. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Mrs Reid demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. It was advised to ensure the document titled "Patient complaints procedure" contain the details of the RQIA in accordance to their role as regulator only. The establishment's complaint procedure in the policy and procedure file did have these details. Mrs Reid demonstrated 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 2015 to 31 March 2016.

It was 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.

Discussion with Mrs Reid confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Mrs Reid outlined how she completes the IPL register at the same time as the individual client records to ensure consistency and accuracy of records. As stated an annual client satisfaction survey is carried out and used to drive improvements.

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

Both clients who submitted questionnaire responses indicated that they felt that the service is well managed.

The following comment was provided:

- "All staff give high, excellent level of service."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Joanne Reid, registered person/manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH-Cosmetic Intense Pulsed Light. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

REGULATION AND QUALITY

11 NOV 2015

IMPROVEMENT AUTHORITY

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 2 October 2016</p>	<p>Review the safeguarding adults policy to reflect the guidance issued in July 2015 –Adult Safeguarding Prevention and Protection in Partnership and the policy should then be signed as read and understood by Mrs Reid.</p> <p>Response by registered provider detailing the actions taken:</p> <p>OUR L.P.A WAS FORWARDED UPDATED DOCUMENTS (WHICH I HAVE INCLUDED COPIES OF) I HAVE REVIEWED THE POLICY + PRINCIPLES, PROCEDURES AND WILL ENSURE THEY ARE IMPLEMENTED.</p>

Name of registered manager/person completing QIP	JOANNE REID		
Signature of registered manager/person completing QIP	Joanne Reid	Date completed	5-11-16
Name of registered provider approving QIP			
Signature of registered provider approving QIP	Joanne Reid	Date approved	5-11-16
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	