

Announced Care Inspection Report 8 January 2019



Perfections Day Spa

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser and Intense Pulse Light (IPL) Service**

Address: 10 Society Street, Coleraine, BT52 1LA

Tel No: 02870355306

Inspector: Stephen O'Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Perfections Day Spa is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered.

Intense Pulse Light (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 operators:

Mrs Joanne Reid

Types of IPL treatment provided:

Hair removal

Skin rejuvenation

Red vein treatment (vascular)

3.0 Service details

Organisation/Registered Person: Perfections Day Spa (NI) Ltd Mrs Joanne Reid	Registered Manager: Mrs Joanne Reid
Person in charge at the time of inspection: Mrs Joanne Reid	Date manager registered: 1 November 2013
Category 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 8 January 2019 from 09:50 to 11:50.

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 (DOH) 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 evidence in all four domains. These relate to the arrangements for IPL safety, managing medical emergencies, clinical records, the environment, infection prevention and control, effective communication between clients and authorised operators, 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.

An area for improvement against the standards in relation to authorised operator training was made during the previous inspection. This area for improvement has not been addressed and is stated for the second time. Two additional areas for improvement have been made during this inspection. One against the regulations in regards to the servicing of the IPL machine and one against the standards to establish if Perfections Day Spa is required to register with the Information Commissioners Office (ICO).

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joanne Reid, 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 16 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 February 2018.

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 previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. No completed client questionnaires were submitted to RQIA prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Mrs Joanne Reid, registered person and authorised operator and the establishment manager.

The following records were examined during the inspection:

- 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

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 16 February 2018

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 16 February 2018

Areas for improvement from the last care inspection		
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 3 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: It was confirmed that the safeguarding adults policy was reviewed and updated following the previous inspection. Review of the updated policy evidenced that it fully reflected the guidance document named above.	

<p>Area for improvement 2</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>Mrs Reid as the authorised operator should complete training in the following areas:</p> <ul style="list-style-type: none"> • fire safety awareness training • infection prevention and control • safeguarding adults <p>Arrangements should be established to ensure this training is undertaken in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mrs Reid confirmed that she had not completed refresher training in the topics listed above. This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>A client satisfaction summary report should be generated at least on an annual basis.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A client satisfaction report generated using client satisfaction surveys completed between March and November 2018 was reviewed. The report evidenced that clients were highly satisfied with the standard of care and treatment they received.</p>		

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

Mrs Reid confirmed that IPL treatments are only carried out by herself as the authorised operator. The register of authorised operators for the IPL machine reflects that Mrs Reid is the only authorised operator.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

A review of training records evidenced that Mrs Reid, authorised operator had up to date training in core of knowledge; safe use and application training for the IPL machine in use and emergency first aid at work. As discussed in section 6.2, Mrs Reid confirmed that she had not completed refresher training in infection prevention and control, fire safety awareness and

safeguarding adults at risk of harm following the previous inspection. An area for improvement against the standards; stated for the second time has been made in this regard.

Mrs Reid confirmed that staff employed in the establishment, not directly involved in the use of the IPL machine, had received IPL safety awareness training.

Recruitment and selection

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

Safeguarding

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

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

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.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for reference.

As discussed, Mrs Reid confirmed that she had not completed formal training in safeguarding adults. This has been included in an area for improvement against the standards, stated for the second time in regards to authorised operator training.

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 09 May 2019.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 10 May 2018. 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 31 May 2016 and all recommendations made by the LPA have been addressed.

Mrs Reid as 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.

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 code. Arrangements are in place for the safe custody of the IPL keypad codes 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

The most recent service report for the IPL machine was dated 10 August 2016. The LPA undertook a site visit on 22 May 2018. Review of the LPA report in respect of this site visit evidenced that it included the following action point: 'ensure that the machine is serviced regularly (at least annually) and that servicing records are on file at the clinic'. This action point was discussed with Mrs Reid who confirmed that the establishment is having difficulty arranging for an engineer to service the machine as the engineer has to come from England. An area for improvement against the regulations has been made in this regard.

Management of emergencies

Review of documentation evidenced that Mrs Reid as the authorised operator had completed basic life support training on 5 September 2016; the certificate indicated that this training is valid up to 4 September 2019. Discussion with Mrs Reid evidenced that 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. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, no records were available to confirm Mrs Reid had completed training in infection prevention and control during the previous two years. Completion of this training has been included in an area for improvement against the standards.

Environment

The premises were maintained to a 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.

As discussed previously, no records were available to confirm Mrs Reid had completed fire safety awareness training during the previous year. Completion of this training has been included in an area for improvement against the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the arrangements in respect of future staff recruitment, IPL safety, management of emergencies and the environment.

Areas for improvement

The authorised operator should complete training in keeping with RQIA's training guidance.

The IPL machine must be serviced at least annually in keeping with the action point in the LPA site visit report dated 22 May 2018.

	Regulations	Standards
Areas for improvement	1	1

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.

Discussion with Mrs Reid, and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

The establishment manager confirmed that the establishment is not registered with the ICO. An area for improvement against the standards has been made in this regard.

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.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and the authorised operator.

Areas for improvement

The registered person should contact the ICO and establish if Perfections Day Spa is required to register.

	Regulations	Standards
Areas for improvement	0	1

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 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 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.

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.

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
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

Mrs Reid is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Mrs Reid confirmed these were reviewed on an annual basis.

Discussion with Mrs Reid and the establishment manager demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mrs Reid demonstrated good awareness of complaints management.

Discussion with Mrs Reid 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 clients at appropriate intervals. Mrs Reid confirmed that 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 Reid confirmed that support staff were aware of who to contact if they had a concern.

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

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
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs Reid.

6.9 Client and staff views

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. No completed client questionnaires were submitted to RQIA prior to the inspection.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

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 Reid, 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 (DOH) 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 Independent Health Care Regulations (Northern Ireland) 2005

Area for improvement 1	The registered person shall ensure that the IPL machine is serviced at least annually in keeping with the action point included in the laser protection advisors (LPAs) report of the site visit undertaken on 22
Ref: Regulation 15 (2) (b)	

<p>Stated: First time</p> <p>To be completed by: 02 April 2019</p>	<p>May 2018.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.1</p> <p>Stated: Second time</p> <p>To be completed by: 05 March 2019</p>	<p>Mrs Reid as the authorised operator should complete training in the following areas:</p> <ul style="list-style-type: none"> • fire safety awareness training • infection prevention and control • safeguarding adults <p>Arrangements should be established to ensure this training is undertaken in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 05 March 2018</p>	<p>The registered person should contact the Information Commissioners Office (ICO) and establish if Perfections Day Spa is required to register. A record of this contact should be maintained.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p>

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)