

Announced Care Inspection Report 16 February 2018



Perfections Day Spa

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

Address: 10 Society Street, Coleraine, BT52 1LA

Tel No: 02870355306

Inspector: Stephen O'Connor

www.rqia.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

This is an Intense Pulse Light (IPL) service providing cosmetic treatments using an IPL machine.

Mrs Joanne Reid, registered person is the only authorised operator in the establishment. On 25 July 2017 RQIA were notified that Mrs Reid would be absent from the establishment for an undefined period of time and suitable alternative management arrangements were put in place. As Mrs Reid was absent, IPL treatments ceased to be provided. During January 2018 Mrs Reid commenced a phased return to work and since then she has provided seven IPL treatments.

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:

Permanent hair reduction, treatment of broken facial capillaries, treatment of sun damaged skin, treatment of pigmented areas

3.0 Service details

Organisation/Registered Person: Perfections Day Spa (NI) Ltd Mrs Joanne Reid	Registered Manager: Mrs Joanne Reid Ms Kathy Curran manager with effect from 02 June 2017
Person in charge at the time of inspection: Ms Kathy Curran	Date manager registered: 1 November 2013
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 16 February 2018 from 10:00 to 11:05.

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. As no IPL treatments were being provided between June and December 2017 and only a limited service having been provided since

January 2018 this inspection also focused on the arrangements in respect of the IPL machine in the absence of the authorised operator.

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 made during the previous inspection to update the adult safeguarding policy has not been met and is stated for the second time. Two further areas for improvement against the standards have been made. These relate to authorised operator training and generating a client feedback report.

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 Ms Kathy Curran, establishment 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.

4.2 Action/enforcement taken following the most recent care inspection dated 2 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 September 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. No completed clients or staff questionnaires were returned to RQIA prior to the inspection.

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

During the inspection the inspector met Ms Kathy Curran, establishment manager. Mrs Joanne Reid, registered person and authorised operator was not available during the inspection.

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 2 September 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 2 September 2016

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: First 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.	Not met

	<p>Action taken as confirmed during the inspection: Review of the adult safeguarding policy on file evidenced that it lacked detail. The policy did not include the name of the safeguarding lead, the types and indicators of abuse, distinct referral pathways in the event of a safeguarding issue arising or the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Additional information in this regard can be found in section 6.4 of this report.</p> <p>This area of improvement has not been met and has been stated for a second time.</p>	
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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

Ms Curran confirmed that IPL treatments are only carried out by Mrs Reid 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 should any new authorised operators be recruited in the future 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 and application training for the IPL machine in use. Review of records evidenced that Mrs Reid had completed basic life support training during June 2016. No records were available to evidence that Mrs Reid had completed training in infection prevention and control, fire safety and protection of adults at risk of harm. An area for improvement against the standards has been made in regards to authorised operator training.

Mrs Curran 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 Ms Curran 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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. As discussed an area for improvement had been made during the previous care inspection to review and update the adult safeguarding policy in keeping with the regional guidance document issued in 2015. Review of the safeguarding adult policy in place evidenced that it lacked detail. This area for improvement has not been met and is stated for the second time.

Ms Curran was advised that the policy should include the name of the safeguarding lead; the types and indicators of abuse, distinct referral pathways in the event of a safeguarding issue arising with an adult and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Following the inspection a model safeguarding policy was emailed to the establishment. If adopted this policy would need to be localised to the establishment.

As discussed no records were available to evidence that Mrs Reid had completed formal training in safeguarding adults. This has been included in an area for improvement against the standards 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 17 May 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 10 May 2017. 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.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised users is maintained. The authorised operator has 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

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.

As discussed on 25 July 2017 RQIA were notified that Mrs Reid would be absent from the establishment for an undefined period of time. Ms Curran confirmed that during the time period Mrs Reid was absent that IPL treatments were not provided in the establishment and that robust arrangements were in place to ensure that no one else could operate the IPL machine.

Management of emergencies

As discussed, Mrs Reid as the authorised operator had completed training in basic life support during June 2016. Mrs Reid should ensure that this training is refreshed in keeping with the timeframes specified on the certificate.

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.

Client and staff views

No completed clients or staff questionnaires were returned to RQIA prior to the inspection.

Areas of good practice

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

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.

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

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Care pathway

Ms Curran confirmed that 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.

Four 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.

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.

Client and staff views

No completed clients or staff questionnaires were returned to RQIA prior to the inspection.

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 Ms Curran 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 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.

The most recent report available for review was dated August 2016. Ms Curran was advised that a feedback report should be generated at least on an annual basis. This has been identified as an area from improvement against the standards.

Client and staff views

No completed clients or staff questionnaires were returned to RQIA prior to the inspection.

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

A client satisfaction summary report should be generated at least on an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Ms Curran confirmed these were reviewed on an annual basis.

Ms Curran confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. 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 Ms Curran 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 Ms Curran confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Ms Curran confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with authorised users confirmed that they were aware of who to contact if they had a concern.

Information requested by RQIA has been submitted within specified timeframes. Ms Curran 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

No completed clients or staff questionnaires were returned to RQIA prior to the inspection.

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 Ms Kathy Curran, establishment manager, 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 3 Stated: Second time To be completed by: 16 May 2018	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. Ref: 6.2 & 6.4 Response by registered person detailing the actions taken: We have consulted with our LPA to get a more robust policy and action has been taken to ensure it is implemented in the salon.
Area for improvement 2 Ref: Standard 13.1 Stated: First time To be completed by: 27 April 2018	Mrs Reid a the authorised operator should complete training in the following areas: <ul style="list-style-type: none"> • fire safety awareness training • infection prevention and control • safeguarding adults Arrangements should be established to ensure this training is undertaken in keeping with RQIA’s training guidance for Independent Hospitals (IH) – Cosmetic laser services. Ref: 6.4 Response by registered person detailing the actions taken: Now that Joanne has returned to work this training has been updated and recorded in our paperwork.

<p>Area for improvement 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2018</p>	<p>A client satisfaction summary report should be generated at least on an annual basis.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: We will continue to gather client questionnaire/feedback and produce the summary report to show the findings.</p>
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Please ensure this document is completed in full and returned via Web Portal



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