



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Perfections Day Spa  
**Establishment ID No:** 11167  
**Date of Inspection:** 20 May 2014  
**Inspector's Name:** Jo Browne  
**Inspection No:** 17368

**The Regulation and Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General Information

<b>Name of establishment:</b>	Perfections Day Spa
<b>Address:</b>	10 Society Street Coleraine BT52 1LA
<b>Telephone number:</b>	028 7035 5306
<b>Registered organisation/ registered provider:</b>	Mrs Joanne Reid
<b>Registered manager:</b>	Mrs Joanne Reid
<b>Person in charge of the establishment at the time of inspection:</b>	Mrs Joanne Reid
<b>Registration category:</b>	PT(IL) – Prescribed techniques or prescribed technologies: establishments using intense light sources
<b>Date and time of inspection:</b>	20 May 2014 10.05 – 11.45
<b>Date and type of previous inspection:</b>	Follow Up Pre Registration 25 October 2013
<b>Name of inspector:</b>	Jo Browne

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS draft Independent Health Care Minimum Standards for Hospitals and Clinics measured during the inspection were met.

## 2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the draft minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of Intense Pulse Light (IPL) services, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Independent hospitals and clinics.

Other published standards which guide best practice may also be referenced during the inspection process.

## 2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered provider/manager, Mrs Joanne Reid
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

## 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	5
Spoke with staff	1

## 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS draft Independent Health Care Minimum Standards for Independent Hospitals and Clinics and to assess progress with the issues raised during and since the previous inspection.

- C4 Patient Partnerships
- C5 Complaints
- C10 Management of Operations
- P1 Patient information and Laser Procedures
- P2 Procedures for Use of Lasers and Intense Light Sources
- P3 Training for Staff Using Lasers and Intense Light Sources
- P4 Safe Operation of Lasers and Intense Light Sources

### **3.0 Profile of Service**

Perfections Day Spa and Nail Bar is situated within a commercial building located in Coleraine town centre, close to local transport routes and other amenities.

Public car parking is available nearby for clients.

The establishment is accessible for clients with a disability.

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

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

Perfections Day Spa and Nail Bar is registered as an independent hospital providing Prescribed Techniques and Technologies - establishments using intense light sources.

#### **IPL Equipment**

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

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

Dr Anna Bass (Lasernet)

#### **Medical Support Services**

Dr Paul Myers (Lasernet)

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

Mrs Joanne Reid

#### **Authorised User**

Mrs Joanne Reid

#### **Type of Treatments Provided**

Permanent hair reduction  
Treatment of broken facial capillaries  
Treatment of sun damaged skin  
Treatment of pigmentation areas (including brown pigment marks, freckles or age spots)

#### 4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 20 May 2014 from 10.05 to 11.45. The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, the DHSSPS draft Independent Health Care Minimum Standards for Independent hospital and clinics and to assess the progress made to address the issues raised during the previous inspection.

As the previous pre-registration follow up inspection on 25 October 2013 resulted in no recommendations or requirements being made, no follow up was required during this inspection.

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

Ms Joanne Reid was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Client Guide were in place which reflected legislative and best practice guidance.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Perfections Day Spa and Nail Bar collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in the treatment room.

Perfections Day Spa and Nail Bar has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. Mrs Reid displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. Mrs Reid is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedure on whistleblowing and found it to be in line with legislation and best practice. A recommendation was made to develop a policy and procedure to ensure that RQIA is notified if the registered manager is absent for more than 28 days.

The registered person/manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

Six client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

Review of the training records confirmed that mandatory training was up to date and the authorised user had received appropriate training in the safe use and operation of the IPL equipment. Other staff working in the establishment, but not directly involved in the use of IPL equipment, have received laser safety awareness training.

The environment in which the IPL equipment is used was found to be safe and controlled. A risk assessment had been undertaken by the establishment's LPA on 20 May 2013 and all issues identified had been addressed. Protective eyewear was available for the client and operator as outlined in the local rules.

Laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a keypad control system. Arrangements are in place for the safe custody of the IPL keypad control codes when not in use.

A laser safety file was in place. Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector.

A requirement was made to ensure that the certificate of registration was clearly displayed in a conspicuous area of the establishment.

One requirement and one recommendation were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Mrs Joanne Reid and the staff of Perfections Day Spa and Nail Bar for their hospitality and contribution to the inspection process.

## **5.0 Follow up on Previous Issues**

No requirements or recommendations were made following the previous inspection.

## 6.0 Inspection Findings

<b>STANDARD C4</b>	
<b>Patient Partnerships:</b>	<b>The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.</b>
<p>Perfections Day Spa and Nail Bar obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients and five were returned and completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received.</p> <p>The inspector discussed with the registered provider/manager methods of increasing the number of client questionnaires completed.</p> <p>The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the treatment room.</p>	

### **Evidenced by:**

**Review of client satisfaction surveys**

**Review of summary report of client satisfaction surveys**

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

**Discussion with staff**

<b>STANDARD C5</b>	
<b>Complaints:</b>	<b>All complaints are taken seriously and dealt with.</b>
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.</p> <p>All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

**Evidenced by:**

**Review of complaints procedure**

**Complaints procedure made available to clients and other interested parties**

**Staff discussion**

**Review of complaints records**

<b>STANDARD C10</b>	
<b>Management of Operations:</b>	<b>Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>Mrs Reid ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and draft minimum standards.</p> <p>A recommendation was made to develop a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should also include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with Mrs Reid confirmed that she had undertaken training relevant to her role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Client Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately. An incident grab sheet was available within the laser safety file.</p> <p>Mrs Reid has systems in place to deal with all alert letters issued by the DHSSPS. The inspector advised Mrs Reid to visit the Northern Ireland Adverse Incident Centre (NIAIC) website on a weekly basis, download any relevant alerts and document any action taken. A log should be retained of the date the NIAIC website was checked.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place.</p> <p>A requirement was made to ensure that the RQIA certificate of registration was displayed in a conspicuous place within the premises.</p>	

**Evidenced by:**

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

<b>STANDARD P1</b>	
<b>Patient Information and Laser procedures:</b>	<b>Patients are clear about what procedures involve, the costs and the skills and experience of those carrying out the procedures.</b>
<p>The establishment has policies and procedures for advertising and marketing which are factual and not misleading.</p> <p>Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. The establishment has a list of fees available for each IPL procedure. Fees for treatments are agreed during the initial consultation and recorded on the consent form. Fees may vary depending on the treatment provided and the individual requirements of the client.</p> <p>Clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.</p> <p>A copy of the Client Guide is provided to all clients.</p>	

**Evidenced by:**

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

<b>STANDARD P2</b>	
<b>Procedures for Use of Lasers and Intense Light Sources:</b>	<b>Patients have laser and intense light source procedures carried out by, experienced operators, and in accordance with procedures.</b>
<p>IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 20/05/14. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> <li>• Indications</li> <li>• Contraindications</li> <li>• Technique</li> <li>• Pre-treatment tests</li> <li>• Pre-treatment care</li> <li>• Post-treatment care</li> <li>• Recognition of treatment related problems</li> <li>• Procedure if anything goes wrong with the treatment</li> <li>• Permitted variation on machine variables</li> <li>• Procedure in the event of equipment failure</li> </ul> <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The inspector reviewed the service level agreement between the establishment and the LPA which expires on 9 May 2015.</p> <p>The establishment has local rules in place which have been developed by their LPA on 20/05/13. The registered provider/manager confirmed that the LPA is scheduled to visit the establishment on 27 May 2014.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> <li>• The potential hazards associated with lasers</li> <li>• Controlled and safe access</li> <li>• Authorised operator's responsibilities</li> <li>• Methods of safe working</li> <li>• Safety checks</li> <li>• Personal protective equipment</li> <li>• Prevention of use by unauthorised persons</li> <li>• Adverse incidents procedures</li> </ul> <p>The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.</p> <p>A list of authorised users is maintained and the authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.</p>	

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

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

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

Clients are provided with written aftercare instructions following treatment.

**Evidenced by:**

**Review of local rules**

**Review of medical treatment protocols**

**Review of IPL register**

**Review of client care records**

<b>STANDARD P3</b>	
<b>Training for Staff using Lasers and Intense Light Sources</b>	<b>Patients have laser and intense light source procedures carried out by staff that are trained and experienced in operating Class 3b and 4 lasers and intense light sources.</b>
<p>The authorised user has completed training in core of knowledge and the safe use and application of the IPL equipment.</p> <p>Review of the training records confirmed that the authorised user had also undertaken the following required mandatory training in line with RQIA guidance:</p> <ul style="list-style-type: none"> <li>• Basic life support annually</li> <li>• Fire safety annually</li> <li>• Infection prevention and control annually</li> </ul> <p>All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training in October 2013.</p>	

**Evidenced by:**

**Review of staff personnel files**

**Review of training records**

**Discussion with staff**

<b>STANDARD P4</b>	
<b>Safe Operation of Lasers and Intense Light Sources:</b>	<b>The environment in which lasers and intense light sources are used is safe.</b>
<p>The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.</p> <p>When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.</p> <p>Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use, as described within the local rules.</p> <p>Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.</p> <p>The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.</p> <p>The IPL equipment is operated using a keypad control system. Arrangements are in place for the safe custody of the keypad codes when not in use.</p> <p>There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.</p> <p>There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 06 November 2013 was forwarded to RQIA following the inspection.</p> <p>The establishment's LPA completed a risk assessment of the premises on 20 May 2013 and all recommendations made by the LPA had been addressed.</p>	

**Evidenced by:**

- Review of premises and controlled area**
- Review of Laser safety file**
- Review of maintenance records**

## 7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanne Reid, registered provider/manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Jo Browne**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

---

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

---

**Date**

**Quality Improvement Plan**  
**Announced Inspection**  
**Perfections Day Spa**  
**20 May 2014**



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Joanne Reid either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**STATUTORY REQUIREMENT**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	28 (1) - The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	The registered person must ensure that the RQIA certificate of registration is displayed in a conspicuous place within the premises.  Ref: Standard C10	One	DISPLAYED IN ALLOCATED TREATMENT ROOM.	Immediately and ongoing

**RECOMMENDATION**

This recommendation is based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. It promotes current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1.	C10.3	The registered person should develop a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should also include the interim management arrangements for the establishment.  Ref: Standard C10	One	UPDATED CLINIC REGISTER WITH THIS POLICY NOW INCLUDED. (IN SECTION 2 - PAGE 17.) - LASERMET PROVIDED UPDATED PAPERWORK.	Three months

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Jo Browne  
 The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: K Curran

NAME: \_\_\_\_\_  
 Registered Provider/Manager

DATE \_\_\_\_\_

KATY CURRAN (AS DISCUSSED IS ON HOLIDAY) JEANNE LEVY  
 13.11.14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		Jo Browne	20/11/14
B	Further information requested from provider		✓	Jo Browne	20/11/14



**The Regulation and  
Quality Improvement  
Authority**



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

**Name of Establishment:** Perfections Day Spa  
**Establishment ID No:** 11167  
**Date of Inspection:** 20 May 2014  
**Inspector's Name:** Jo Browne  
**Inspection No:** 17368

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.0 Self-Assessment**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

### 3.0 Self-Assessment Tool

#### Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the establishment since the previous inspection?		✓
<b>Yes, please comment</b>		

#### Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
<b>No, please comment</b>		

#### Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual client?	✓	
Are arrangements in place to securely store client care records?	✓	
<b>No, please comment</b>		

### Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	✓	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	✓	
<b>No, please comment</b>		

### Medical Emergencies

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

### Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	* ✓	
<b>No, please comment</b>		
* ALTHOUGH WE HAVE HAD NO COMPLAINTS.		

### Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	✓	
<b>No, please comment</b>		

### Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between clients?	✓	
<b>No, please comment</b>		

### Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?		
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	N/A	
<b>No, please comment</b>		

**Mandatory Training**

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

**Appraisal**

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

**Qualifications of Medical Practitioners and Nurses** N/A

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?		
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?		
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?		
Are arrangements in place to ensure medical practitioners have a responsible officer?		
<b>No, please comment</b>		

**Lasers/IPL Service**

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report? <i>DUE VISIT JUNE 2014</i>	✓	
Has the establishment an up to date risk assessment undertaken by their LPA? <i>DUE VISIT JUNE 2014</i>	✓	
Does the establishment have up to date local rules in place?	✓	
Does the establishment have up to date medical treatment protocols in place?	✓	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	✓	
Does the establishment have arrangements in place for a medical support service?	✓	
Does the establishment have a list of authorised users?	✓	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	✓	
Does the establishment have protective eyewear in place, as outlined in the local rules?	✓	
Is the controlled area clearly defined?		
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	✓	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	✓	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	✓	
Does the establishment have a laser/IPL safety file in place?	✓	

Does the establishment have a laser/IPL register(s) in place?	✓	
<p><b>No, please comment</b></p>		

**4.0 Declaration**

To be signed by the registered provider or registered manager for the establishment.

**I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.**

Name	Signature	Designation	Date
JOANNE REID	Joanne Reid	AUTHORISED USER	14.5.14