

Announced Care Inspection Report 14 March 2017



Aesthetic Skin Clinic

Type of Service: Independent Hospital (IH) – Cosmetic Laser/IPL and private doctor, Service

Address: 51 Botanic Avenue, Belfast, BT7 1JL

Tel No: 02890319060

Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Aesthetic Skin Clinic took place on 14 March 2017 from 9.45 to 12.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL and private doctor 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 Ms Melanie Anglin, registered manager and Dr Siobhan McEntee, authorised operator demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser/IPL safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. Two recommendations were made to devise a recruitment and selection policy and an adult safeguarding policy.

Is care effective?

Observations made, review of documentation and discussion with Ms Anglin and Dr McEntee, 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. A recommendation was made to devise an advertising and marketing policy.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Anglin and Dr McEntee demonstrated that arrangements are in place to promote patients' 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. A recommendation was made to ensure the statement of purpose is made available for inspection.

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 (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Anglin registered 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 person: Aesthetic Skin Clinic (Belfast) Ltd Dr John Curran	Registered manager: Ms Melanie Anglin
Person in charge of the establishment at the time of inspection: Ms Melanie Anglin	Date manager registered: 1 August 2011
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources, PD Private doctor.	

IPL equipment

Manufacturer: Lumenis
Model: SA350-1000
Serial Number: 024-34169

Laser equipment is not currently in use in the establishment.

Laser protection advisor (LPA) – Dr Philip Loan

Laser protection supervisor (LPS) – Melanie Anglin

Medical support services – Dr John Curran and Dr Siobhan McEntee

Authorised operators - Dr John Curran, Dr Siobhan McEntee and Ms Melanie Anglin

Types of treatment provided – skin rejuvenation and hair removal

Private doctor service - Dr John Curran

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: notifiable events, complaints declaration and returned completed client questionnaires. No completed staff questionnaires were returned to RQIA.

During the inspection the inspector met with Ms Melanie Anglin, registered manager and Dr Siobhan McEntee, authorised operator. A tour of the 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 11 January 2016**

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 11 January 2016

As above.

4.3 Is care safe?

Staffing

Discussion with Ms Anglin and Dr McEntee 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 authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

Ms Anglin confirmed that induction training would be provided to new staff on commencement of employment. An induction programme template was available and advice given on further development.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, 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.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Ms Anglin and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

A review of the private doctors' details confirmed there was evidence of the following:-

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

It was confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Anglin confirmed that should authorised operators be recruited in the future robust systems and processes have will be 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 not in place and a recommendation was made on this matter.

Safeguarding

Ms Anglin and Dr McEntee were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A discussion took place in relation to the changes that have occurred in adult safeguarding arrangements. The establishment did not have an adult protection policy and procedure in place. It was recommended to devise a policy and procedure which fully reflects the new regional policy and guidance documents issued during July 2015 which staff should then sign that they have read and understood.

After the inspection the following information was forwarded to the establishment by electronic mail:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- the relevant contact details for onward referral

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 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr John Curran in August 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 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 9 February 2017 and no recommendations were made.

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

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

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. There is an interlock system in place. 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.

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 20 January 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency. The establishment has an anaphylaxis shock kit in place. A system was in place to ensure that emergency medicines do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines.

It was confirmed the establishment has an agreement with the general practitioner's (GP) practice located on the ground and first floor of the premises to access their emergency medicines and equipment including an automated external defibrillator (AED) in the event of a medical emergency.

There was a resuscitation policy in place and minor amendments were suggested.

Infection prevention and control and decontamination procedures

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

Environment

The premises were maintained to a good standard of maintenance and décor. A refurbishment and redecoration programme had been undertaken in the previous months, leading to an enhancement of the facilities. 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 and staff views

Seven clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- “Staff very friendly and professional.”
- “All of the above guidelines were addressed satisfactorily and I was very impressed.”

There were no submitted staff questionnaire responses.

Areas for improvement.

Devise a recruitment policy and procedure which fully reflects Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Devise an adult safeguarding policy and procedure which fully reflects the new regional policy and guidance documents issued during July 2015, which staff should then sign that they have read and understood.

Number of requirements	0	Number of recommendations	2
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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.

Six 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.

A recommendation was made to devise a policy for advertising and marketing which is in line with legislation.

Ms Anglin, registered manager confirmed she meets regularly with Dr John Curran, registered person. Review of documentation demonstrated that minutes of staff meetings are retained.

Client and staff views

All of the seven 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:

- “Good communication of relevant information”
- “I was very happy with my treatment and follow up care. Excellent professional treatment!”

There were no submitted staff questionnaire responses.

Areas for improvement

Devise a policy for advertising and marketing which is in line with legislation.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

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

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets and electronic records are password protected.

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:

- “I’ve always been extremely happy with my treatments, highly recommend this clinic. Very friendly and professional staff”
- “Treatment options explained clearly. Sensitive caring approach – accommodating and responsive to needs”

Client and staff views

All of the seven 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:

- “The doctor shown great patience listening to my concerns and talked me through the procedure and follow up care”
- “All staff are caring and professional at all times”

There were no submitted staff questionnaire responses.

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 and Ms Anglin and Dr McEntee were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. It was confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Anglin has overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis.

Discussion with Ms Anglin demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the establishment. Ms Anglin demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 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 Ms Anglin and Dr McEntee confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. There are six monthly clinical governance meetings in place to discuss safety issues and audits. It was 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. A minor amendment was suggested. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Ms Anglin, registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Anglin confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and usually available on request. However the statement of purpose was not available for inspection and a recommendation was made on this matter.

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

All of the seven clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided

- "The service here is excellent"
- "Excellent clinic with exceptional staff. Excellent quality service"

There were no submitted staff questionnaire responses.

Areas for improvement

The statement of purpose should be made available for inspection.

Number of requirements	0	Number of recommendations	1
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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 Ms Melanie Anglin, registered 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 Intense Pulsed Light (IPL) and private doctor service. 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.

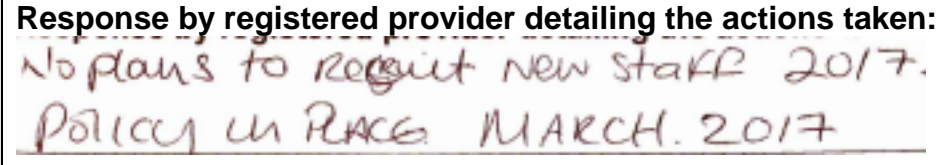
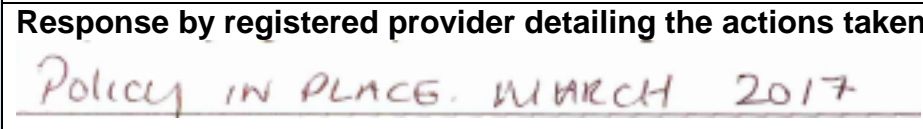
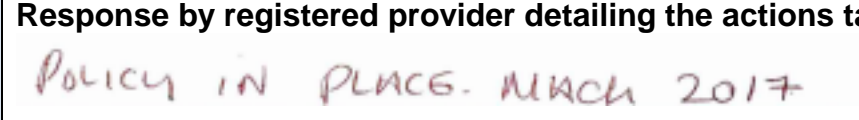
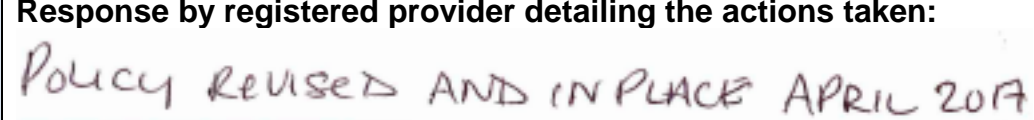
5.3 Actions to be taken by the registered provider

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 web portal 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.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 14.1 Stated: First time To be completed by: 14 May 2017	Devise a recruitment policy and procedure which fully reflects Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Response by registered provider detailing the actions taken: 
Recommendation 2 Ref: Standard 3.1 Stated: First time To be completed by: 14 April 2017	Devise an adult safeguarding policy and procedure which fully reflects the new regional policy and guidance documents issued during July 2015, staff should then sign that they have read and understood the policy and procedure. Response by registered provider detailing the actions taken: 
Recommendation 3 Ref: Standard 1.7 Stated: First time To be completed by: 14 May 2017	Devise a policy for advertising and marketing which is in line with legislation. Response by registered provider detailing the actions taken: 
Recommendation 4 Ref: Standard 16.6 Stated: First time To be completed by: 14 April 2017	The statement of purpose should be made available for inspection. Response by registered provider detailing the actions taken: 

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