

Announced Care Inspection Report 1 March 2018



Aesthetic Skin Clinic
Type of Service: Independent Hospital (IH) –
Intense Pulse Light (IPL) and Private Doctor Service
Address: 51 Botanic Avenue, Belfast, BT7 1JL
Tel No: 028 9031 9060
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

Aesthetic Skin Clinic is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L); Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL) and Private Doctor (PD).

The establishment provides a wide range of cosmetic/aesthetic treatments using IPL machines. It was confirmed during the inspection that the establishment no longer provides treatments using a laser. Following the inspection the PT (L) category of care was removed from the registration of the clinic.

IPL equipment:

Manufacturer: Lumenis

Model: SA350-1000
 Serial Number: 024-34169

Laser protection advisor (LPA):

Dr Philip Loan

Laser protection supervisor (LPS):

Ms Melanie Anglin

Medical support services:

Dr John Curran
 Dr Siobhan McEntee

Authorised operators:

Dr John Curran
 Dr Siobhan McEntee
 Ms Melanie Anglin

Types of treatment provided:

Skin rejuvenation
 Hair removal

Private Doctor treatments provided by Dr John Curran – Botox and cosmetic fillers

3.0 Service details

Organisation/Registered Provider: Aesthetic Skin Clinic (Belfast) Ltd Responsible Individual: 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(IL) Prescribed techniques or prescribed technology: establishments using intense light sources PD Private doctor	

4.0 Inspection summary

An announced inspection took place on 01 March 2018 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, 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.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; 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.

One area for improvement against the regulations has been made in regards to authorised operator training in keeping with RQIA training guidance.

All of the clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. Client comments provided in submitted questionnaires included the following:

- “All good.”
- “Excellent as it is every time.”
- “Very professional and informative service. Felt very safe and informed under the care of the clinic.”
- “Always happy with the treatment and staff are friendly and professional.”

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Melanie 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 2017.

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. Returned completed clients questionnaires were analysed prior to the inspection. No completed staff questionnaires were submitted 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 Melanie Anglin, registered manager and authorised operator.

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 Ms Anglin, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 March 2017

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 14 March 2017

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 14.1 Stated: First time	Devise a recruitment policy and procedure which fully reflects Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: The recruitment policy could not be located during the inspection. On 06 March 2018 the recruitment policy was submitted to RQIA by email. Review of the policy evidenced that it is in keeping with best practice guidance.	
Area for improvement 2 Ref: Standard 3.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The adult safeguarding policy could not be located during the inspection. On 06 March 2018 the adult safeguarding policy was submitted to RQIA by email. Review of the submitted policy evidenced that it fully reflects the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).	
Area for improvement 3 Ref: Standard 1.7 Stated: First time	Devise a policy for advertising and marketing which is in line with legislation.	Met
	Action taken as confirmed during the inspection: The advertising policy could not be located during the inspection. On 02 March 2018 the advertising policy was submitted to RQIA by email. Review of the policy evidenced that it had been developed in keeping with the Advertising Standards Agency best practice guidelines.	

Area for improvement 4 Ref: Standard 16.6 Stated: First time	The statement of purpose should be made available for inspection	Met
	Action taken as confirmed during the inspection: The statement of purpose was available for review during the inspection. Review of the statement of purpose evidenced that it had been developed in keeping with Regulation 7 of the Independent Health Care Regulations (Northern Ireland) 2005.	

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

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

Ms Anglin 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 any new authorised operators recruited on commencement of employment.

A review of training records evidenced that not all authorised operators have evidence of up to date training in core of knowledge, application training for the equipment in use, infection prevention and control, fire safety awareness and safeguarding adults. An area of improvement against the regulations was made to address this.

Ms Anglin confirmed that should other staff be employed in the establishment who are not directly involved in the use of the IPL equipment, they would receive IPL 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 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.

As discussed, a recruitment policy and procedure was submitted to RQIA on 6 March 2018 which was comprehensive and reflected best practice guidance.

Safeguarding

Ms Anglin confirmed that IPL and facial aesthetic treatments are not provided to persons under the age of 18 years.

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

No records were available to confirm that authorised operators had completed formal training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. As discussed under the 'staffing' section of this report an area for improvement against the regulations has been made in regards to authorised operator training.

As discussed, a policy and procedure was submitted to RQIA on 6 March 2018 for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 31 March 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr John Curran during August 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 08 February 2018 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser 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. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

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 06 February 2018 was reviewed as part of the inspection process.

Management of emergencies

Authorised operators have up to date training in basic life support. Ms Anglin confirmed that all staff are 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.

Infection prevention and control and decontamination procedures

The treatment rooms were 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.

Evidence was available to confirm that two of the three authorised operators had completed training in infection prevention and control. No records were available in relation to one of the authorised operators. As discussed under the 'staffing' section of this report an area for improvement against the regulations has been made in regards to authorised operator training.

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 was available which has been serviced within the last year.

No records were available to evidence that authorised operators had completed fire safety awareness training. As discussed under the 'staffing' section of this report an area for improvement against the regulations has been made in regards to authorised operator training.

Client and staff views

Fourteen clients submitted questionnaire responses. All 14 clients indicated that they felt safe and indicated that they were very satisfied with this aspect of their care. Comments included in submitted questionnaire responses can be found in the summary of this report.

No staff submitted questionnaire responses to RQIA prior to the inspection.

Areas of good practice

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

Areas for improvement

All authorised operators should complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.

	Regulations	Standards
Total number of areas for improvement	1	0

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.

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.

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.

As discussed the establishment submitted a policy for advertising and marketing to RQIA on 2 March 2018 which was in line with legislation.

Ms Anglin confirmed that management are approachable and that the views of authorised operators are listened to. Ms Anglin confirmed that staff meetings are held on a routine basis.

Review of documentation demonstrated that minutes of staff meetings are retained. Ms Anglin confirmed that complaints and/or incidents would be reviewed and that learning would be disseminated to staff.

Client and staff views

All 14 clients who submitted questionnaire responses indicated that they felt their care was effective and indicated that they were very satisfied with this aspect of their care.

As discussed, no completed staff questionnaires were submitted 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 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 Anglin 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 a routine basis and the results of these are collated to provide a summary report twice a year. The summary report 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. The following comment was included in a completed client satisfaction survey:

- “I am very happy coming to this skin clinic.”

Client and staff views

All 14 clients who submitted questionnaire responses indicated that they felt their care was compassionate and indicated that they were very satisfied with this aspect of their care.

As discussed, no completed staff questionnaires were submitted 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

There was a clear organisational structure within the establishment and Ms Anglin was able to describe her role and responsibilities and she was aware of who to speak to if she had a concern. Ms Anglin confirmed that there were good working relationships and that the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Anglin is the nominated individual with 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 a three yearly basis.

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

A copy of the complaints procedure was available in the establishment. During discussion Ms Anglin demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire and review of documentation evidenced that complaints have been managed in accordance with best practice.

Discussion with Ms Anglin 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 Anglin confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Ms Anglin 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. Ms Anglin confirmed that authorised operators are aware of who to contact if they had a concern.

Ms Anglin, registered manager and authorised operator 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 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

All 14 clients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated that they were very satisfied with this aspect of the service.

As discussed no completed staff questionnaires were submitted 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 Melanie Anglin, registered manager and authorised operator, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time	Arrangements should be established to ensure that all authorised operators' complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services. Ref: 6.4
To be completed by: 26 April 2018	Response by registered person detailing the actions taken: Melanie Anglin is appointed LPA as of the 1/4/2018 , Dr McEntee is no longer practicing at the Aesthetic Skin Clinic.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews