



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Aesthetic Skin Clinic
Establishment ID No: 11191
Date of Inspection: 7 January 2015
Inspector's Name: Winnie Maguire
Inspection No: 17392

**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

Name of establishment:	Aesthetic Skin Clinic
Address:	51 Botanic Avenue Belfast BT7 1JL
Telephone number:	028 9031 9060
Registered organisation/ registered provider:	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
Registration categories:	PD - Private doctors (other) PT(IL) - Prescribed techniques or prescribed technology: establishments using intense light sources PT(L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
Date and time of inspection:	7 January 2015 10.15 - 12.45
Date and type of previous inspection:	Announced 22 October 2013
Name of inspector:	Winnie Maguire

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 Minimum Care Standards for Healthcare Establishments, July 2014, 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 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 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 (DHSPPS) Minimum Care Standards for Healthcare Establishments

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 Melanie Anglin, registered manager
- Discussion with Dr Siobhan McEntee, laser protection supervisor
- Examination of records
- Consultation with clients and/or their representatives where applicable
- 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	8
Spoke with staff	2

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSPPS Minimum Care Standards for Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 16 – Management and Control of Operations
- Standard 48 – Laser and Intense Light Sources

3.0 Profile of Service

Aesthetic Skin Clinic is situated on Botanic Avenue in Belfast. The clinic is on the second and third floor of a building occupied by a GP practice. The establishment offers a range of services including IPL services.

Laser Equipment

Manufacturer: Reliant Fraxel

Laser Class: 4
 Model: SRI500
 Serial Number: M07594

The above laser has now been decommissioned and no longer in use in the clinic.

Intense Pulsed Light (IPL)

Manufacturer: Lumenis
 Model: SA 3501000
 Serial Number: 024-34169

Laser Protection Advisor (LPA) Dr Philip Loan
Laser Protection Supervisor (LPS) Dr Siobhan McEntee
Medical protocols provided by Dr John Curran
Authorised Users Dr Siobhan McEntee
 Dr John Curran
 Ms Melanie Anglin
Types of Treatment Provided Skin rejuvenation (IPL)
 Hair removal (IPL)

Private Doctor Service

There is one private doctor, Dr John Curran. He is based in the Channel Islands and operates on a part time basis only in the Belfast clinic.

Dr McEntee is a practising general practitioner and is on the Northern Ireland performers list and is therefore not a private doctor.

The clinic consists of one consulting room, one controlled laser room, toilet facilities, staff area and a waiting area on the third floor.

On street car parking is available for patients and visitors.

Aesthetic Skin Clinic is registered as an independent hospital with the PT(L), PT(IL) and PD categories of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 7 January 2015 from 10.15 to 12.45. 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 Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were three requirements and two recommendations made as a result of the previous annual announced inspection on 22 October 2013. All of the requirements/recommendations have been fully addressed.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Melanie Anglin and Dr Siobhan McEntee were 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.

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. Some of the comments received can be viewed in the main body of the report. The registered manager collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in the patient guide.

Aesthetic Skin Clinic 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 relating to the IPL or private doctor services; however systems are in place to effectively document, manage and audit complaints. The registered manager displayed a good understanding of complaints management.

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

The establishment has systems in place to audit the quality of service provided as outlined in the main body of the report. A recommendation was made to formally document these audits.

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.

A recommendation was made to revise the incident policy and procedure ensuring it includes reporting arrangements to RQIA in line with legislation.

The inspector reviewed the policy and procedure in relation to whistleblowing. It was found to be in line with legislation and best practice. A recommendation was made to devise a written policy and procedure on the absence of the registered manager which is in line with legislation.

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

A Statement of Purpose was in place which reflected legislative and best practice guidance. A recommendation was made to update the patient guide to ensure it is in line with legislation.

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

Patients 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.

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.

The establishment has an IPL register which is completed every time the equipment is operated.

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

A risk assessment had been undertaken by the establishment's LPA in February 2014 and no issues were identified.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the IPL equipment.

The environment in which the IPL equipment is used was found to be safe and controlled. Protective eyewear was available for the patient 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 key. Arrangements are in place for the safe custody of the IPL key when not in use.

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

The inspector reviewed details of the medical practitioners and found them to contain most of the information required by legislation. The GMC registration and appraisal details for the private doctor were forwarded to the inspector following inspection and were found to be in order.

The certificate of registration was clearly displayed in the hallway of the establishment.

Four recommendations 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 Melanie Anglin and Dr Siobhan McEntee of Aesthetic Skin Clinic for their hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	21	The responsible person must ensure a written client assessment is undertaken prior to provision of the laser service.	The laser service is no longer operational in the establishment.	One	Compliant
2	21	The responsible person must ensure all written entries in client records are signed by the author.	All entries reviewed in patient records were noted to be signed.	One	Compliant
3	30 (h)	The responsible person must submit an application for a variation of registration as outlined in 7.0.	The establishment has completed the variation of registration process.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C5	The responsible person should include the details of the RQIA in the complaints procedure as the regulator only.	The complaints procedure displayed in the corridor of the establishment outlined RQIA as the regulator only.	One	Compliant
2	C16	The responsible person should devise a policy and procedure on the management of records.	The establishment has a written policy and procedure on management of records.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Aesthetic Skin Clinic obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment had completed a patient satisfaction survey of all patients on an ongoing basis. The results of the survey are reviewed by the management team within the clinic and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The inspector reviewed the completed survey and found that patients were highly satisfied with the quality of care and treatment provided by Aesthetic Skin Clinic Some comments received from patients included:</p> <ul style="list-style-type: none"> • “The staff are always very pleasant and mindful of my needs I would definitely recommend the clinic”. • “Very happy with all aspects of my Rx.” • “Great all round.” • “Completely satisfied.” <p>The information received from the patient survey is collated into an annual summary report which is made available to patients and other interested parties to read.</p>	

Evidenced by:

Review of patient satisfaction surveys

Review of summary report of patient satisfaction surveys

Summary report made available to patients and other interested parties

Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<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 manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment relating to the IPL or private doctor services; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

Review of complaints procedure

Complaint procedure made available to patients and other interested parties

Discussion with staff

Review of complaints records

STANDARD 9	
Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
<p>The registered provider and manager ensure the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered manager and review of training records confirmed that systems are in place to ensure that staff receives appropriate training when new procedures are introduced.</p> <p>Ms Anglin and Dr McEntee outlined informal systems in place to audit the quality of service provided. These included reviewing consent arrangements which led to more detailed documentation.</p> <p>A recommendation was made to formalise and make a record of audits undertaken.</p> <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment.</p> <p>The registered provider visits on a monthly basis to provide medical services in the establishment.</p> <p>The inspector reviewed the incident and side effects policy and procedure. A recommendation was made to revise this policy and procedure for incidents only and ensure it includes reporting arrangements to RQIA in line with legislation. It was suggested the issue of side effects could be addressed with a separate policy and procedure.</p> <p>No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered manager confirmed that no research is currently being undertaken within the establishment.</p>	

Evidenced by:

- Review of policies and procedures**
- Discussion with registered manager**
- Discussion on audits**
- Review of incident management**

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the personnel files of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioners are covered by the appropriate professional indemnity insurance • Evidence of enhanced Access NI disclosure check • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies. The inspector reviewed the alert files as part of the inspection process</p> <p>Discussion with the registered manager and staff confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p>	

Evidenced by:

- Review of staff personnel files for verification of registration status with professional bodies**
- Review of professional indemnity insurance**
- Review of specialist qualifications**
- Review of arrangements for dealing with alert letter/competency**
- Review of training records**

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<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>A recommendation was made to devise a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Statement of Purpose and found it to be in line with the legislation. A recommendation was made to update the Patient Guide and ensure it includes RQIA details and information on how to access inspection reports.</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. The certificate of registration was clearly displayed in the corridor of the premises.</p>	

Evidenced by:

- Review of policies and procedures**
- Review of training records**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

STANDARD 48**Laser and Intense Light Sources:**

Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.

Patients 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 may vary depending on the treatment provided and the individual requirements of the patient.

Patients are asked to complete a health questionnaire. There are systems in place to contact the patient's general practitioner, with their consent, for further information if necessary.

Patients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr John Curran in August 2013. These were reviewed by Dr McEntee in August 2014. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

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.

The establishment has local rules in place which have been developed by their LPA in February 2014.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access

- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

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

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

Patients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in February 2014 and no recommendations were made.

The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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.

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

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.

Protective eyewear is available for the patient and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.

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.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report was forwarded to the inspector following inspection.

There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.

Evidenced by:

Discussion with staff
Review of policies and procedures
Review of information provided to patients
Review of local rules
Review of medical treatment protocols
Review of IPL register
Review of patient care records
Review of LPA's risk assessment
Review of training records
Review of premises and controlled area
Review of maintenance records
Review of laser safety file

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Melanie Anglin 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:

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

Quality Improvement Plan

Announced Inspection

Aesthetic Skin Clinic

7 January 2015

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 Melanie Anglin 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.

RECOMMENDATIONS

These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. They promote 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	9	The registered provider should ensure audit systems are formalised and documented. Ref: Standard 9	One	Audit review date in place next due august 2015	Three months
2	9	The registered provider should ensure the incident policy and procedure is redevise as outlined in the main body of the report. Ref: Standard 9	One	Under review	Three months
3	16	The registered provider should ensure an absence of registered manager policy and procedure is devised which is in line with legislation. Ref: Standard 16	One	In place 2/2/15	Three months
4	16	The registered provider should update the Patient Guide as outlined in the main body of the report. Ref: Standard 16	One	In place 2/2/15	Three months

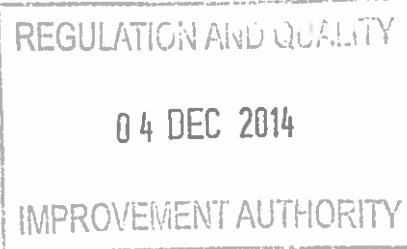
Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	Melanie anglin
Name of Responsible Person / Identified Responsible Person Approving QIP	John Curran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	W Maguire	11 Mar. 15
Further information requested from provider			



**The Regulation and
Quality Improvement
Authority**



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

Name of Establishment:	Aesthetic Skin Clinic
Establishment ID No:	11191
Date of Inspection:	4 November 2014
Inspector's Name:	Winnie Maguire
Inspection No:	17392

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) Minimum Care Standards for Independent Healthcare Establishments July 2014

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?		✓
Yes, please comment		

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?	✓	
No, please comment		

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?	✓	
No, please comment		

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?	✓	
No, please comment		

Medical Emergencies

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

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?	✓	
No, please comment		

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?	✓	
No, please comment		

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?	✓	
No, please comment		

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	
No, please comment <i>NO NEW STAFF RECRUITED TO DATE</i>		

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:		
AUTHORISED USERS	YES	NO
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	✓	
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually		N/A
If No, please comment		

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)	✓	
No, please comment		

Qualifications of Medical Practitioners and Nurses

	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?	✓	
No, please comment		

Lasers/IPL Service

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report?	✓	
Has the establishment an up to date risk assessment undertaken by their LPA?	✓	
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>No, please comment</p> <p>Change of Equipment . Laser Class 4 Reliant SR1500 M07594. has been removed from service .</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
Melanie Anglin	Melanie Anglin	Clinic Manager	3/12/14