

The Regulation and
Quality Improvement
Authority

Aesthetic Skin Clinic
RQIA ID: 11191
51 Botanic Avenue
Belfast
BT7 1JL

Inspector: Winnie Maguire
Inspection ID: IN022607

Tel: 028 90 319060

**Announced Care Inspection
of
Aesthetic Skin Clinic**

11 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 11 January 2016 from 10.00 to 13.30. On the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. 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: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers ,PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources and PD private doctor	

Intense Pule Light (IPL) Equipment

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

Laser Protection Advisor (LPA) – Dr Philip Loan

Laser Protection Supervisor (LPS) – Dr Siobhan McEntee

Medical Support Services – Dr John Curran and Dr Siobhan McEntee

Authorised Users – Dr John Curran, Dr Siobhan Mc Entee and Ms Melanie Anglin

Types of Treatment Provided – Skin Rejuvenation, Hair Removal

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 4	Dignity, Respect and Rights
Standard 5	Patient and Client Partnerships
Standard 7	Complaints
Standard 10	Qualified Practitioners, Staff and Indemnity
Standard 48	Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Ms Melanie Anglin registered manager and Dr Siobhan McEntee authorised user.

The following records were examined during the inspection:

- Seven patient care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Patient feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records
- Two medical practitioners personnel files

5 The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 7 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 7 January 2015

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9 Stated: First time	The registered provider should ensure audit systems are formalised and documented.	Met
	Action taken as confirmed during the inspection: There are formalised audit arrangements in place.	
Recommendation 2 Ref: Standard 9 Stated: First time	The registered provider should ensure the incident policy and procedure is redevise as outlined in the main body of the report.	Met
	Action taken as confirmed during the inspection: Ms Anglin and Dr McEntee confirmed the establishment follows the RQIA incident guidance on reporting serious incidents and this is outlined in the establishment's incident policy and procedure.	
Recommendation 3 Ref: Standard 16 Stated: First time	The registered provider should ensure an absence of registered manager policy and procedure is devised which is in line with legislation.	Met
	Action taken as confirmed during the inspection: There is an absence of registered manager policy and procedure in place.	
Recommendation 4 Ref: Standard 16 Stated: First time	The registered provider should update the Patient Guide as outlined in the main body of the report.	Met
	Action taken as confirmed during the inspection: The Patient Guide was found to be in line with legislation.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process with Ms Anglin and Dr McEntee confirmed that patients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the patient and authorised user present.

Observations confirmed that patient care records were stored securely in locked filing cabinets

Is Care Effective?

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with Ms Anglin and Dr McEntee and review of seven patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from patients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Aesthetic Skin Clinic obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to patients and 40 were returned and completed. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Some comments from patients included:

- "Great staff"
- "Excellent clinic"
- "I have always been pleased with any of the treatments I have received at the clinic"
- "Staff have always been pleasant and professional "

The information received from the patient feedback questionnaires is collated into a six monthly summary report which is made available to patients and other interested parties to read in the waiting area of the establishment.

It was confirmed through discussion that comments received from patients are reviewed by Ms Anglin at the end of each clinic session and an action plan is developed and implemented to address any issues identified.

Is Care Compassionate?

Review of care records and discussion with Ms Anglin and Dr McEntee confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

Review of complaint records found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with Ms Anglin and Dr McEntee confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the clinic for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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.

Ms Anglin and Dr McEntee demonstrated a good understanding of complaints management.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

The complaints procedure is contained within the Patient Guide; copies of which are available in the waiting area for patients to read. The complaints procedure is also displayed on the wall in the corridor of the establishment

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf.

The complainant is notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Standard 10 - Qualified Practitioners, Staff and Indemnity

Is Care Safe?

Review of the personnel files of two medical practitioners confirmed:

- evidence of current registration with the General Medical Council (GMC)
- the medical practitioners are covered by the appropriate professional indemnity insurance
- the medical practitioners have provided evidence of experience relevant to their scope of practice
- evidence of enhanced AccessNI disclosure check
- there was evidence of ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC to ensure the medical practitioners can safely and competently undertake the treatments and services they offer
- there was evidence of ongoing annual appraisal by a trained medical appraiser; and a responsible officer had been appointed

Arrangements are in place to support medical practitioners, with a licence to practice, to fulfil the requirements for revalidation through:

- providing an annual appraisal in line with the GMC's appraisal and assessment framework, for medical practitioners employed directly by the establishment; or
- providing sufficient information to the responsible officer to support their revalidation, for medical practitioners who are not an employee

Discussion with Ms Anglin and review of the alert files confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff, including those with practising privileges. There are also mechanisms for reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies.

Is Care Effective?

Discussion with Ms Anglin and Dr McEntee confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

Medical practitioners abide by published codes of professional practice relevant to their scope of practice and retain evidence that professional registration and revalidation requirements are met.

Is Care Compassionate?

Discussion with Ms Anglin and Dr McEntee demonstrated that the core values of privacy, dignity, respect and patient choice are understood by the medical practitioners providing services within the establishment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.7 Standard 48 - Laser and Intense Light Sources.

Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified 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 2016.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr John Curran in August 2015. 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

The establishment has local rules in place which have been developed by their LPA in February 2015.

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 laser 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.

Patients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in February 2015 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 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

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

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 laser 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 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.

Is Care Effective?

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

Seven patient care records were reviewed. There is an accurate and up to date treatment record for every patient which includes:

- Patient 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)

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 17 July 2015 was reviewed as part of the inspection process.

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

Is Care Compassionate?

Patients are provided with an initial consultation to discuss their treatment and any concerns they may have.

Written information is provided to the patient 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 patient.

Number of Requirements:	0	Number of Recommendations:	0
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5.8 Additional Areas Examined

5.8.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since the last inspection. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.8.2 RQIA registration and Insurance Arrangements


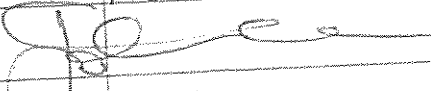

Discussion with Ms Anglin and Dr McEntee regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the corridor of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	22/1/16
Registered Person		Date Approved	22/1/16
RQIA Inspector Assessing Response		Date Approved	2/3/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.