

# Announced Care Inspection Report 27 March 2019



**Aesthetic Skin Clinic**  
**Type of Service: Independent Hospital (IH) –**  
**Intense Pulse Light (IPL)**  
**Address: 51 Botanic Avenue, Belfast, BT7 1JL**  
**Tel No: 028 9031 9060**  
**Inspector: Stephen O'Connor**

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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 intense light sources PT (IL) and Private Doctor (PD).

The establishment provides a wide range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered.

Since the previous inspection Ms Melanie Anglin, registered manager, has retired. Dr John Curran, responsible individual submitted a notification of absence application in respect of Ms Anglin. Ms Anne Kearney is the named manager for the establishment. Additional information in this regard can be found in Section 6.7 of this report.

**IPL equipment:**

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

**Laser protection advisor (LPA):**

Mr Philip Loan

**Laser protection supervisor (LPS):**

Ms Anne Kearney

**Medical support services:**

Dr John Curran

**Authorised operators:**

Dr John Curran  
 Ms Anne Kearney  
 Ms Hayley Jordan

**Types of treatment provided:**

Skin rejuvenation  
 Hair removal

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

Ms Kearney advised that consideration is being given to reintroducing laser treatments. Additional information in this regard can be found in section 6.4 of this report under the heading 'IPL safety'.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Aesthetic Skin Clinic (Belfast) Ltd  <b>Responsible Individual:</b> Dr John Curran	<b>Registered manager:</b> Ms Anne Kearney (clinic manager)
<b>Person in charge of the establishment at the time of inspection:</b> Ms Anne Kearney	<b>Date manager registered:</b>
<b>Categories of care:</b> 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 27 March 2019 from 14:00 to 17:30.

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 (DOH) 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 clinical records; the environment; 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.

An area for improvement made against the regulations during the previous care inspection in regards to authorised operator training has not been met and is stated for the second and final time. A further three areas for improvement against the regulations have been made during this inspection. These relate to undertaking AccessNI enhanced disclosure checks and maintaining staff personnel files for authorised operators and implementing a robust system to check the expiry dates of medicines and injectables. Three areas for improvement against the standards have been made. These relate to retaining records of induction, retaining written confirmation of appointment of a laser protection advisor and ensuring all authorised operators have signed the authorised operator register.

As a result of the findings of this inspection a decision was made to undertake a follow-up inspection within the next two months. The purpose of the follow-up inspection will be to ensure that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Ms Kearney was informed that a follow-up inspection will be undertaken.

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
<b>Total number of areas for improvement</b>	4	3

Details of the QIP were discussed with Ms Anne Kearney, clinic 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 1 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 March 2018.

## 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 previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned to RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Anne Kearney, clinic 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 Kearney at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 march 2018

The most recent inspection of Aesthetic Skin Clinic 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 1 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Ms Kearney and review of documentation evidenced that there are three authorised operators routinely using the IPL machine. Review of training records evidenced that authorised operators had not completed all training in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.  This area for improvement has not been met and is stated for the second time.	

## 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 Kearney, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms Kearney confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL machine was. It was noted that one authorised operator had not signed the register. An area for improvement against the standards has been made in this regard.

Discussion with Ms Kearney confirmed that two authorised operators have commenced work in the clinic since the previous inspection. Although Ms Kearney confirmed that the new authorised operators completed an induction programme, there was no record made to evidence this. An area for improvement against the standards has been made in this regard.

A review of training records evidenced that not all authorised operators had evidence of up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults. As discussed, an area of improvement against the regulations had been made during the previous care inspection in this regard. This area for improvement has been stated for the second time. Following the inspection a copy of RQIA's training guidance for cosmetic laser services was forwarded to Ms Kearney.

Ms Kearney advised that there is an identified staff member based in Gurnsey with responsibility for checking that staff who are registered with a professional regulatory body such as the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) maintain their registration.

Ms Kearney confirmed that authorised operators will have an 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**

As discussed, Ms Kearney confirmed that two authorised operators have commenced work in the clinic since the previous inspection. No personnel files were available in the clinic to evidence that recruitment and selection documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

During discussion Ms Kearney advised that one of the identified authorised operators is a long standing employee of the company who ordinarily worked in a clinic based in the Channel Islands and therefore was not regarded as a new member of staff. Ms Kearney was informed that as this identified authorised operator had not previously worked in Aesthetic Skin Clinic

(Belfast) Ltd, RQIA considers this individual to be a new staff member. Ms Kearney stated that in respect of one of the authorised operators an AccessNI basic check was undertaken. Ms Kearney was advised that an AccessNI enhanced disclosure check must be undertaken and received prior to any authorised operator commencing work in the clinic.

Two areas for improvement against the regulations have been made in regards to the recruitment and selection of authorised operators. One that AccessNI enhanced disclosure checks are undertaken for both identified authorised operators and one that personnel files are established and include all information as outlined in in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. On 4 April 2019 Ms Kearney confirmed that AccessNI enhanced disclosure checks had been applied for in respect of both identified authorised operators and that the recruitment and selection documentation for both authorised operators had been collated and was available for review.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

### **Safeguarding**

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

Ms Kearney 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 previously discussed an area for improvement against the regulations has been made in regards to authorised operator training.

Policies and procedures were in place for the safeguarding and protection of adults and children 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 or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.



## **IPL safety**

Information in respect of the IPL machine was filed with other documents pertaining to the operation of the clinic. Ms Kearney was advised that a dedicated IPL safety file should be established and that the file should only contain up-to-date and current information in respect of the IPL machine. All historic information in respect of the IPL machine should be archived to a supplementary file.

Ms Kearney confirmed that the appointment and duties of a certified laser protection advisor (LPA) is reviewed on an annual basis. However, the service level agreement between the establishment and the LPA reviewed confirmed that the appointment expired on 31 March 2018. Ms Kearney advised that the LPA contract had been reviewed and was due to expire at the end of March 2019. An area for improvement against the standards has been made in this regard.

IPL procedures are carried out by operators trained in the use of the machine in accordance with medical treatment protocols produced by Dr John Curran on 17 August 2018. 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 15 February 2018 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.

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 13 November 2018 was reviewed as part of the inspection process.

Ms Kearney advised that consideration is being given to reintroducing laser treatments. A laser machine is available in the clinic, however; this machine has not been used in a number of years. Ms Kearney was advised that prior to the laser being used the following actions must be taken:

- a variation to registration application to add the following category of care must be submitted to RQIA: prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
- the LPA must be informed
- local rules and medical treatment protocols must be in place
- staff operating the machine must be trained in its use
- the machine must be serviced

### **Management of emergencies**

Ms Kearney confirmed that all staff are aware what action to take in the event of a medical emergency. Review of records evidenced that not all authorised operators had completed basic life support training in keeping with RQIA training guidance. As previously discussed an area for improvement against the regulations has been made in regards to authorised operator training.

The clinic stores Botox in a medical fridge, fridge temperatures are monitored and recorded daily. Additional medicines and injectables are securely stored in a locked cupboard in the treatment room. It was observed that Adrenaline retained for use in the event of an anaphylaxis and some cosmetic filler products had exceeded their expiry dates. This was brought to the attention of Ms Kearney who readily agreed to check the expiry dates of all medicines and injectables and ensure any that any which had expired would be appropriately disposed of. On 4 April 2019 Ms Kearney confirmed that a robust system had been implemented to check the expiry dates of all medicines and injectables. An area for improvement against the regulations has been made in this regard.

It was confirmed the establishment has an agreement with the general practitioner (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 room was clean and clutter free. Discussion with Ms Kearney 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 previously discussed 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 (CO<sub>2</sub>) 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 previously discussed an area for improvement against the regulations has been made in regards to authorised operator training.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the arrangements in respect of the private doctor, staff appraisal, the IPL register and the environment.

### **Areas for improvement**

Records of induction should be retained for any authorised operators recruited.

All authorised operators must sign the authorised operator register.

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

AccessNI enhanced disclosure checks must be undertaken for the identified authorised operators and received prior to new authorised operators commencing work in the future. A record must be made of all pertinent information contained within AccessNI checks.

All information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files for all authorised operators.

Written confirmation of the appointment and duties of a certificated laser protection advisor should be retained.

A robust system must be implemented to check the expiry dates of all medicines and injectables. Any expired medicines and injectables must be appropriately disposed of.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	4	3

## 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.

Five 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.

Ms Kearney confirmed that management are approachable and that the views of authorised operators are listened to. Ms Kearney confirmed that staff meetings are held on a routine basis. Review of documentation demonstrated that minutes of staff meetings are retained. Ms Kearney confirmed that complaints and/or incidents would be reviewed and that learning would be disseminated to staff.

### 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, health promotion strategies and ensuring effective communication between clients and staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 Kearney 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/private doctor 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. Ms Kearney confirmed that she was in the process of collating the findings of the client satisfaction survey undertaken between October and November 2018 and would be generating a report. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. The following comments were included in the completed client satisfaction questionnaires:

- “Highly competent and professional, gives me confidence”.
- “Very professional and polite, all round exceptional service”.
- “My overall experience of ASC has always been exceptional. Thank you”.
- “I have been coming to Dr Curran for over 10 years and wouldn’t allow anyone else near my face. I have never had an unsatisfactory result”.

### 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
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 Kearney was able to describe her role and responsibilities and she was aware of who to speak to if she had a concern. Ms Kearney 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 Kearney is the nominated individual with overall responsibility for the day to day management of the service.

As discussed, since the previous inspection Ms Melanie Anglin, registered manager, has retired. Dr John Curran, responsible individual, submitted a notification of absence application in respect of Ms Anglin. Ms Anne Kearney is the acting manager for the establishment and it is envisaged that she will submit an application to become the registered manager for Aesthetic Skin Clinic.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on at least a three yearly basis.

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

A copy of the complaints procedure was available in the establishment. During discussion Ms Kearney demonstrated a good awareness of complaints management.

Discussion with Ms Kearney 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 Kearney confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Ms Kearney confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A discussion took place in regards to the further development of the rolling programme of audits.

A whistleblowing/raising concerns policy was available. Ms Kearney confirmed that authorised operators are aware of who to contact if they had a concern.

Information requested by RQIA has been submitted within specified timeframes. Ms Kearney 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.

### 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
Areas for improvement	0	0

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Kearney.

## 6.9 Client and staff views

Sixteen clients submitted questionnaire responses to RQIA. Fifteen clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Fifteen clients indicated that they were very satisfied with each of these areas of their care, one client indicated that they were very unsatisfied with each of these areas of their care. The following comments were included in submitted questionnaire responses:

- "I get Botox for migraines. It is amazing, makes a huge difference to my life."
- "One word, professional".
- "Both nurses were amazing, Very professional. Doctor was excellent, great care all around".
- "I attended a different clinic before here and would never go back to anyone else. I have recommended ASC to many friends who now also attend regularly. Very impressive professional service".
- "Excellent facilities, staff kind, caring and person centred. All 100%".

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

## 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 Anne Kearney, clinic manager, 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 (DOH) 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18 (2) (a)  <b>Stated:</b> 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: 6.2 and 6.4
<b>To be completed by:</b> 22 May 2019	<b>Response by registered person detailing the actions taken:</b> Completed 30/04/2019



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2019</p>	<p>The registered provider must ensure that AccessNI enhanced disclosure checks are undertaken for the identified authorised operators and received prior to new authorised operators commencing work in the future. A record must be made of all pertinent information contained within AccessNI checks.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Applied for * Anne Kearney: 29/03/19 * Hayley Jordan: 03/04/2019</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2019</p>	<p>The registered persons must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is retained within staff personnel files for authorised operators.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff personal file created and stored on site @ ASC Botanic Ave 24/04/2019</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 March 2019</p>	<p>The registered persons must ensure that a robust system is implemented to check the expiry dates of all medicines and injectables. Any expired medicines and injectables must be appropriately disposed of.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A robust monthly stock checking system implemented 27/03/2019</p>
<p><b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2019</p>	<p>The registered person shall ensure that records of induction are retained for any authorised operators recruited. The record should detail the topic discussed, date of discussion and signature of inductor and inductee.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Induction handbook with dates/signature retained for authorised operators @ ASC Botanic Ave 24/04/2019</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2019</p>	<p>The registered person shall ensure that the authorised operator register is signed by all authorised operators to indicate that they have read and understood the local rules and medical treatment protocols.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Local rules available / up to date / read &amp; signed by authorised operators 15/04/2019</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 48.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2019</p>	<p>The registered person shall ensure that written confirmation of the appointment and duties of a certificated laser protection advisor is retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Letter of appointment / duties of LPA filed and retained @ ASC Botanic Ave 24/04/2019</p>
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*\*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 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews