

Announced Care Inspection Report 23 May 2019



Aesthetic Skin Clinic

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/Intense Pulse Light (IPL)**

Address: 51 Botanic Avenue, Belfast, BT7 1JL

Tel No: 028 9031 9060

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Aesthetic Skin Clinic is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers; 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 Anne Kearney clinic manager has made application to RQIA to become the registered manager for the clinic. This application is currently being processed. Additional information in this regard can be found in Section 6.7 of this report.

Laser equipment:

Manufacturer: Reliant
 Model: Fraxel SR 1500
 Serial Number: M0759U

IPL equipment:

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

Laser protection advisor (LPA):

Ms Amanda Digard

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 IPL treatment provided:

Skin rejuvenation
 Hair removal

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

Ms Kearney advised that the Fraxel SR 1500 laser is not currently being used and 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

<p>Organisation/Registered Provider: Aesthetic Skin Clinic (Belfast) Ltd</p> <p>Responsible Individual: Dr John Curran</p>	<p>Registered Manager: Ms Anne Kearney (clinic manager)</p>
<p>Person in charge at the time of inspection: Ms Anne Kearney</p>	<p>Date manager registered: Ms Anne Kearney - application received - "registration pending"</p>

Categories of care:

Independent Hospital (IH)

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

PD Private doctor

4.0 Inspection summary

An announced inspection took place on 23 May 2019 from 10:00 to 12:30.

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 medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

One area for improvement was identified against the standards. This relates to the responsible individual or their nominated representative undertaking unannounced quality monitoring visits.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Kearney, applicant registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 27 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 March 2019.

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 submitted to RQIA.

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

During the inspection the inspector met with Ms Kearney, applicant registered manager.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser/IPL 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 Ms Kearney, applicant registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 2019

The most recent inspection of the establishment was an announced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 March 2019

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
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time	Arrangements should be established to ensure that all authorised operators' complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.	Met
	Action taken as confirmed during the inspection: Review of the training records of all authorised operators evidenced that they had completed training as outlined in the RQIA training guidance document for cosmetic laser services.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that AccessNI enhanced disclosure checks had been undertaken and received for the authorised operators identified during the previous inspection. A record was made of all pertinent information contained with the disclosure checks.	

	<p>No new authorised operators have been recruited since the previous inspection. Discussion with Ms Kearney evidenced that she is fully aware of the procedures to be followed in relation to AccessNI checks.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>No new authorised operators have been recruited since the previous inspection. Review of the two most recently recruited authorised operator personnel files evidenced that all outstanding documentation identified during the previous inspection has been sought and retained.</p> <p>Discussion with Ms Kearney evidenced that she is fully aware of the recruitment and selection documentation to be retained. A recruitment and selection checklist has been developed to ensure all documentation as outlined in Schedule 2 will be sought and retained in the future.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Kearney and review of documentation evidenced that the expiry dates of all medicines and injectables are checked monthly. A record is made of these checks. The medicine and injectables stored in a medical fridge and medicines cabinet were reviewed and found to be within the manufacturer's expiry dates. Fridge temperatures are monitored and recorded daily.</p>	<p>Met</p>

Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A template to document topics discussed during induction has been developed. A contemporaneous induction record has been made in respect of the two most recently recruited authorised operators. It was suggested that the induction template is further developed to facilitate the inductor and inductee to sign and date when individuals' topics have been discussed. Ms Kearney is aware that an induction record must be maintained for all staff recruited in the future.	
Area for improvement 2 Ref: Standard 48.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the authorised operator register evidenced that it had been signed by all authorised operators.	
Area for improvement 3 Ref: Standard 48.6 Stated: First time	The registered person shall ensure that written confirmation of the appointment and duties of a certificated laser protection advisor is retained.	Met
	Action taken as confirmed during the inspection: Ms Kearney advised that following the previous care inspection a new laser protection advisor (LPA) was appointed. Review of the LPA appointment letter confirmed that the appointment expires on 31 March 2020.	

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 is maintained and kept up to date.

As discussed, following the previous inspection a template to document staff induction was developed. Ms Kearney confirmed that in the future, all newly recruited staff will complete an induction programme on commencement of employment.

As discussed, a review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

Ms Kearney advised that there is an identified staff member based in Guernsey 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 GMC registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Kearney confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection. A range of templates to record relevant information in respect of specific aspects of recruitment and selection have been developed since the previous inspection. These include a recruitment checklist, templates for applicants to make criminal and health declarations and a template to document AccessNI information.

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.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Review of records evidenced that Ms Kearney has booked a place on a Level 3 Safeguarding Adult Champion course scheduled to take place on 28 August 2019.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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

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

There was written confirmation of the appointment and duties of a certified 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 2020.

Laser procedures are carried out by trained operators 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 30 April 2019 and no recommendations were made.

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 May 2019 was reviewed as part of the inspection process.

Ms Kearney advised that consideration is being given to reintroducing laser treatments using the Reliant Fraxel SR 1500 laser. 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:

- 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

As discussed, authorised operators have up to date training in basic life support. Ms Kearney confirmed that all staff are aware what action to take in the event of a medical emergency. There was a resuscitation policy in place.

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 discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each treatment.

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 GP, with their consent, for further information if necessary.

Five client care records were reviewed in relation to IPL treatments. 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)

Two care records were reviewed in relation to treatments provided by the private doctor. The records were contemporaneous, signed and dated by the medical practitioner.

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 are 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. The most recent report detailing the findings of the client satisfaction survey undertaken between October and November 2018 was reviewed. It was suggested that consideration is given to the layout of these reports in order to make them more meaningful to clients. 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:

- “My overall experience of ASC has always been exceptional. Thank you”.
- “Very professional and all round exceptional service.”
- “The team have a natural manner at making me feel at ease since my first visit. Highly competent and professional.”

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 confirmed staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. Ms Kearney is the nominated individual with overall responsibility for the day to day management of the establishment.

Ms Kearney confirmed that Dr Curran, who is based in Guernsey, provides treatments in the establishment one day every three weeks. Where the entity operating an independent hospital is a corporate body and the responsible individual is not in day to day management, unannounced quality monitoring visits must be undertaken and documented in keeping with Regulation 26.

Ms Kearney confirmed that a quality monitoring report had not been produced. An area for improvement against the standards has been made in this regard. Following the inspection a template that could be used to document the outcome of Regulation 26 visits and the corresponding guidance documents was forwarded to Ms Kearney. This template, if adopted, would require further development to ensure it fully reflects the nature of services provided.

As discussed, Ms Kearney has submitted an application to RQIA to become the registered manager for Aesthetic Skin Clinic. This application is currently being processed.

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 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

Six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be carried out. Written reports of the unannounced visits should be available for inspection.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

Equality data

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

6.9 Client and staff views

Twelve clients submitted questionnaire responses to RQIA. All 12 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 12 clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Excellent care.”
- “A lovely professional environment, excellent.”
- “Every aspect was explained, lovely staff, very professional.”
- “Feel safe under the care of Dr Curran and his team.”
- “Excellent care.”

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 Kearney, applicant registered 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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2019</p>	<p>The responsible person shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out.</p> <p>Written reports of the unannounced visits should be available for inspection.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Can I please confirm there will be 2 annual unannounced inspection visits by the person responsible or nominated representative - reports available to view at the clinic</p>

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



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