

Announced Care Inspection Report 15 February 2017



Donna Donaghy Skincare & Laser

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

**Address: Cookstown Enterprise Centre, Unit 4, Derryloran Industrial
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Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Donna Donaghy Skincare and Laser took place on 15 February 2017 from 09:55 to 12:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the cosmetic laser/IPL service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Donna Donaghy, registered person demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. A recommendation has been made that Mrs Donaghy as the authorised operator should complete mandatory training as detailed in the main body of the report.

Is care effective?

Observations made, review of documentation and discussion with Mrs Donaghy demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Donaghy demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made that a summary report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Donna Donaghy, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs Donna Donaghy	Registered manager: Mrs Donna Donaghy
Person in charge of the home at the time of inspection: Mrs Donna Donaghy	Date manager registered: 5 March 2012
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	

Laser equipment

Manufacturer: Cynosure
Model: Elite
Serial Number: ELMD1813
Laser Class: Class 4

Laser cooling equipment

Manufacturer: Cynosure
Model: SmartCool
Serial Number: 730706

Intense Pulse Light (IPL) equipment

Manufacturer: Lumenis
Model: Quantum
Serial Number: 04080

Laser protection advisor (LPA)

Anna Bass (Lasernet)

Laser protection supervisor (LPS)

Mrs Donna Donaghy

Medical support services

Dr Paul Myers (Lasernet)

Authorised users

Mrs Donna Donaghy

Types of treatment provided

- Hair reduction
- Skin rejuvenation
- Treatment of skin pigmentation and thread veins

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Mrs Donna Donaghy, registered person and authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 October 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 October 2015

As above.

4.3 Is care safe?

Staffing

Mrs Donaghy confirmed that laser and IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the laser and IPL machines reflects that Mrs Donaghy is the only authorised user.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use and infection prevention and control. Mrs Donaghy has completed basic life support and fire safety training during October and November 2015. Mrs Donaghy confirmed that she had not completed training in safeguarding adults. A recommendation has been made that Mrs Donaghy undertakes refresher training in these areas. A recommendation has been made that Mrs Donaghy undertakes training in safeguarding adults and refresher training in these areas.

All other staff employed at the establishment, but not directly involved in the use of the laser/IPL equipment, had received laser safety awareness training. A discussion was held in regards to the details that should be recorded in respect of this training.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Donaghy confirmed that should authorised operators be recruited in the future robust systems and processes will be 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 recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Mrs Donaghy was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mrs Donaghy is the nominated safeguarding lead within the establishment.

As discussed, Mrs Donaghy confirmed that she has not completed training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. A recommendation has been made to address this.

Review of documentation evidenced that the appointed laser protection advisor (LPA) have provided the establishment with separate child and adult protection policies. A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mrs Donaghy by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mrs Donaghy confirmed the laser and IPL service is not provided to persons under the age of 18 years.

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the laser and 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 01 November 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 13 June 2016. 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 laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 02 November 2016 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

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

The environment in which the laser/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 laser/IPL equipment is in use but can be opened from the outside in the event of an emergency.

Both the laser and IPL machines are operated using a key. Arrangements are in place for the safe custody of the laser/IPL keys 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 laser equipment is in use and removed when not in use.

The establishment has separate registers for the laser and IPL machines which are 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 laser and IPL equipment in line with the manufacturer's guidance. The most recent service report for the laser machine was dated 18 January 2017 and the most recent report of the IPL machine was dated 22 June 2016.

Management of emergencies

As discussed, a recommendation has been made for Mrs Donaghy to update her basic life support training. Discussion with Mrs Donaghy evidenced that she is aware of what action to take 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 Mrs Donaghy 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 high standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguishers are available which have been serviced within the last year.

Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- 'Professional service'
- 'Very approachable staff, very friendly. Very clean and well maintained, always warm and inviting'
- 'I feel all safety is taken into consideration'
- 'Very clean and hygienic service'

- 'Extremely professional, helpful staff, safe environment'
- 'Very clean environment'
- 'Donna and staff pay attention to every detail of treatment and patient care. Very professional service'

One staff member submitted a questionnaire response. The staff member indicated that they felt that clients are safe and protected from harm. No comments were included in submitted questionnaire response.

Areas for improvement

Mrs Donaghy as the authorised user must complete refresher training in the identified areas.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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 laser and 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.

On 20 February 2017 Mrs Donaghy confirmed in an email that she had completed the Information Commissioners self-assessment and this confirmed that the established was not required to register with the Information Commissioner's 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.

Client and staff views

All 20 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- 'Always treated amazing'
- 'Totally aware of my treatments and what they involve and the realistic outcomes, anything I am unsure of feel very comfortable to ask'
- 'I would recommend Donna'
- 'Explanation and advice always given'
- 'Always receive very informative advice'
- 'Yes brilliant advice on timing and aftercare between each appointment'

One staff member submitted a questionnaire response. The staff member indicated that they felt that clients get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with the Mrs Donaghy authorised operator regarding the consultation and treatment process evidenced that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in in a locked filing cabinet.

Client satisfaction surveys are carried out by the establishment routinely. Mrs Donaghy confirmed that at the conclusion of a treatment cycle all clients are given a satisfaction survey to complete. The establishment also has a Facebook page and clients can comment and rate the service on Facebook. Mrs Donaghy confirmed that she routinely reviews completed client satisfaction surveys and Facebook comments as when necessary an action plan is developed to inform and improve services provided. However it was confirmed that a summary report

detailing the main findings of the client satisfaction surveys is not generated. A recommendation has been made to address this.

Client and staff views

All 20 of the clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- 'Always explained throughout treatment'
- 'Very open about professional care, all changes talked through and recommendations well explained. Always respectful of dignity and privacy'
- 'I always feel comfortable'
- 'Donna is approachable and deals in a professional manner'
- 'A very caring, warm friendly place to visit'
- 'Treatments are always comfortable as reasonably expected'

The submitted staff questionnaire response indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

Areas for improvement

A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Management and governance

Mrs Donaghy is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Mrs Donaghy confirmed these were reviewed on an annual basis.

Discussion with Mrs Donaghy demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Donaghy demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

Discussion with Mrs Donaghy confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since the previous inspection. 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 Mrs Donaghy confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs Donaghy 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. Mrs Donaghy confirmed that support staff are aware of who to contact if they had a concern.

Mrs Donaghy, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Donaghy confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Client and staff views

All 20 of the clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- 'Very professional touch'
- 'Very motivated staff, have a very up to date and clear understanding of all treatments and personal needs. Very well managed and well presented business, excellent quality of care provided'
- 'Very happy with the service'
- 'Yes staff are always friendly with great knowledge and makes me feel relaxed. Would recommend it to anyone'
- 'Excellent management of service'
- 'Staff are always very helpful, professional and friendly'
- 'Donna and the girls are always very professional and it is a pleasure coming for treatments'

The submitted staff questionnaire response indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Donna Donaghy, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH-Cosmetic Laser\Intense Pulsed Light. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

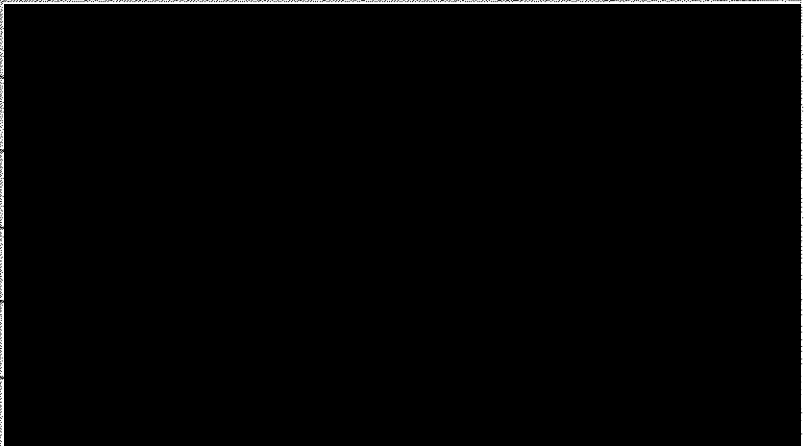
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Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2017</p>	<p>Mrs Donaghy as the authorised operator should complete refresher training in the following areas:</p> <ul style="list-style-type: none"> • basic life support • fire awareness training • safeguarding training <p>Arrangements should be established to ensure this training is undertaken in keeping with RQIA mandatory guidance.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p><i>The above courses have been completed and certificates provided. 15/3/17.</i></p>

<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2017</p>	<p>A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>The client surveys have been in circulation since last inspection.</i></p>
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Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address

<p>Name of registered manager/person completing QIP</p>	
<p>Signature of registered manager/person completing QIP</p>	
<p>Name of registered provider approving QIP</p>	
<p>Signature of registered provider approving QIP</p>	
<p>Name of RQIA inspector assessing response</p>	
<p>Signature of RQIA inspector assessing response</p>	



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