

Announced Care Inspection Report 28 February 2019



Donna Donaghy Skincare and Laser

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

**Address: Cookstown Enterprise Centre, Unit 4, Derryloran
Industrial Estate, Sandholes Road, Cookstown, BT80 9LU**

Tel No: 02886239319 / 07516093030

Inspector: Winifred Maguire

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

Donna Donaghy Skincare & Laser 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 PT (L); and Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL).

The establishment provides a wide range of cosmetic/aesthetic treatments using laser and IPL machines.

Laser equipment

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

Manufacturer: Cynosure
Model: Icon
Serial Number: 25-2620
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):

Ms Anna Bass (Lasernet)

Laser protection supervisor (LPS):

Ms Donna Donaghy

Medical support services:

Dr Paul Myers (Lasernet)

Authorised operators:

Ms Donna Donaghy for all equipment

Mrs Oonagh McBride for the Cynosure Elite laser and Lumenis Quantum IPL machine (on extended leave)

Types of treatment provided using the Cynosure Elite Laser:

Hair reduction
Skin rejuvenation
Pigmentation removal

Types of treatment provided using the Cynosure Icon Laser:

Treatment of scar tissue

Types of treatment provided using the Lumenis Quantum IPL machine:

Skin rejuvenation
Treatment of vascular problems
Treatment of pigmented skin

3.0 Service details

Organisation/Registered Provider: Donna Donaghy Skincare and Laser Responsible Individual: Ms Donna Donaghy	Registered Manager: Ms Donna Donaghy
Person in charge at the time of inspection: Ms 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 and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 28 February 2019 from 10.20 to 13.00.

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.

There were no areas requiring improvement were identified during this inspection

All of the clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. Client comments provided in submitted questionnaires included the following:

- “The treatment and care provided here is first class.”
- “Everything was prefect, highly recommend it.”
- “Excellent service every visit.”

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Donna Donaghy, registered person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 6 March 2018

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 6 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. RQIA did not receive any returned staff questionnaires. Apart from Ms Donna Donaghy there is only one other authorised operator, who is presently on extended leave.

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

During the inspection the inspector met with Ms Donna Donaghy registered person and briefly with a receptionist.

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 Donna Donaghy at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 March 2018

The most recent inspection of Donna Donaghy Skincare and Laser 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 6 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
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is undertaken in respect of the identified authorised operator. Confirmation that the check has been received and reviewed should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).</p> <p>The registered person must ensure that in respect of any authorised operators recruited in the future that an AccessNI enhanced disclosure check is sought and reviewed as opposed to an AccessNI basic disclosure check.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence an AccessNI enhanced disclosure check having been completed for the authorised operator on 8 May 2018. Ms Donna Donaghy confirmed that for any future recruited authorised operators, an Access NI enhanced disclosure check will be completed prior to the commencement of employment.</p>	
Area for improvement 2 Ref: Regulation 39 (1) Stated: First time	<p>The registered person shall ensure that medical treatments protocols for all treatments using the Cynosure Icon laser are developed and shared with relevant staff.</p>	Met
	<p>Action taken as confirmed during the inspection: It was confirmed that the appropriate medical treatments protocols for all treatments using the Cynosure Icon Laser have been obtained and all relevant staff have been notified and had signed that they had read and understood them.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that local rules are developed by the LPA for the Cynosure Icon laser. These should be signed by all authorised operators using the laser to indicate they have read and understood them.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Local rules have been developed for the use of the Cynosure Icon laser which have been read and signed by the appropriate authorised operator.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the risk assessment is further developed by the laser protection advisor (LPA) to include the Cynosure Icon laser and any recommendations made within the risk assessment should addressed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An updated risk assessment has been amended to include the Cynosure Icon Laser and there was confirmation all recommendations have been addressed.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the protective eyewear to be used by the client and operator in respect of the Cynosure Icon laser is in keeping with the local rules for the machine.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Protective eyewear was available for the Cynosure Icon laser machine in keeping with the local rules. Ms Donaghy gave assurances that protective eyewear is used as outlined in the local rules.</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 13.4 Stated: First time	The registered person shall ensure that a record of induction detailing the topics discussed is retained in respect of all authorised operators recruited in the future. The record of induction should be signed and dated by the inductor and inductee.	Met
	Action taken as confirmed during the inspection: An induction programme was not available for review during the inspection. Following the inspection a sample induction programme was submitted to RQIA and Ms Donaghy confirmed that the authorised operator would complete the induction programme on return to work following a period of extended leave.	
Area for improvement 2 Ref: Standard 14.2 Stated: First time	The registered person shall ensure that recruitment and selection records as outlined in Schedule 2 of The Independent HealthCare Regulations (Northern Ireland) 2005 is sought and retained for all authorised operators recruited in the future.	Met
	Action taken as confirmed during the inspection: There have been no new authorised operators recruited since the previous inspection. Ms Donaghy gave assurances that she was fully aware of her responsibilities to ensure that recruitment and selection records as outlined in Schedule 2 of The Independent HealthCare Regulations (Northern Ireland) 2005 are sought and retained for all authorised operators recruited in the future.	

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

It was confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and the IPL is maintained and kept up to date.

As stated previously an induction programme was not available for review during the inspection. Following the inspection a sample induction programme was submitted to RQIA and Ms Donaghy confirmed that the authorised operator would complete the induction programme on return to work following a period of extended leave and any future new authorised operators would complete the induction programme at the commencement of their employment.

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, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance. Following the inspection Ms Donaghy confirmed she had scheduled an update for application training on 13 May 2019 and core of knowledge training on 8 July 2019.

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Donaghy 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 is/would be sought and retained for inspection.

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

Safeguarding

It was confirmed that laser and IPL treatments are not provided to persons under the age of 18 years.

Ms Donaghy demonstrated an awareness of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including that she is the nominated safeguarding lead.

Review of records demonstrated that all staff in the establishment had received training in safeguarding 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).

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 copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Laser and IPL safety

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 12 June 2019.

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

The establishment's LPA completed a risk assessment of the premises on 6 March 2018 and all recommendations made by the LPA have been addressed.

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 and 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 and 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 rooms are locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser and IPL equipment is operated using either key or keypad. Arrangements are in place for the safe custody of the laser and IPL keys and keypad codes when not in use. Protective eyewear is available for the client and operator as outlined in the local rules. It was suggested to renew the labelling on the protective eyewear, which had become faded and therefore difficult to read.

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 a laser and IPL register for each laser and IPL piece of equipment, 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 reports, which had a range of dates all within the last year, were reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Donaghy confirmed she was aware 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 rooms were clean and clutter free. Discussion with Ms 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 good 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 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 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.

Seven 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.

Discussion with Ms Donaghy and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

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.

The establishment has a policy for advertising and marketing which is in line with legislation.

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 Donaghy 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 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 locked filing cabinet.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

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. Ms Donaghy confirmed that there were good working relationships and as the registered manager she was responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Donaghy is the nominated individual with overall responsibility for the day to day management of the service.

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

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

A copy of the complaints procedure was displayed in the establishment. Discussion with Ms Donaghy demonstrated good awareness of complaints management.

It was 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.

Ms Donaghy confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was suggested to include the audit of client records as part of the audit programme.

A whistleblowing/raising concerns policy was available. Ms Donaghy confirmed that the other authorised operator is aware of who to contact if they have a concern.

Ms Donaghy demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was 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 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 Donaghy. The client guide clearly outlined the establishment’s approach to ensuring clients are treated equally.

Discussion with Ms Donaghy and review of information evidenced that the equality data collected was managed in line with best practice.

6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

As stated previously there were no submitted staff questionnaire responses to RQIA.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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