

Announced Care Inspection Report 6 March 2018



Donna Donaghy Skincare & Laser
Type of Service: Independent Hospital (IH) –
Cosmetic Laser and Intense Pulse Light (IPL) Service
Address: Cookstown Enterprise Centre, Unit 4, Derryloran
Industrial Estate, Sandholes Road, Cookstown, BT80 9LU
Tel No: 028 8623 9319
Inspector: Mr 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

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

Laser cooling equipment

Manufacturer: Cynosure
Model: SmartCool

Serial Number: ELMD1813
Laser Class: Class 4

Serial Number: 730706

It was identified that since the previous inspection a second laser has been provided in the establishment. Details of the second laser are outlined below. Mrs Donna Donaghy, registered person and authorised operator confirmed that the Laser Protection Advisor (LPA) is aware of the new laser. Further information in respect of the new laser can be found in section 6.4 of this the report.

Manufacturer: Cynosure
Model: Icon
Serial Number: 25-2620
Laser Class: Class 4

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 operators:

Mrs Donna Donaghy for all equipment

Mrs Oonagh McBride for the Cynosure Elite laser and Lumenis Quantum IPL machine

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: Mrs Donna Donaghy	Registered Manager: Mrs Donna Donaghy
Person in charge 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 and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 06 March 2018 from 09:50 to 12:05.

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, Social Services and Public Safety (DHSSPS) 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; and providing the relevant information to allow clients to make informed choices.

Five areas requiring improvement were identified against the regulations to ensure; that an enhanced AccessNI check is undertaken in respect of the identified authorised operator, that medical treatment protocols are in place for the Cynosure Icon laser, that local rules are developed by the LPA for the Cynosure Icon laser; that the LPA risk assessment is further developed to include the Cynosure Icon laser and that the protective eyewear available for the Cynosure Icon laser is in keeping with the local rules.

Two areas requiring improvement were identified against the standards to ensure that a record of induction is retained in respect of newly recruited authorised operators and that the personnel file for the identified authorised operator includes all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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:

- “All amazing.”
- “Great care.”
- “No everything has been explained in detail.”

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	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Donna Donaghy, registered person, 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 15 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 February 2017.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mrs Donna Donaghy, registered person and authorised operator and a beauty therapist.

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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2017

The most recent inspection of the Donna Donaghy Skincare & 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 15 February 2017

Areas for improvement from the last care inspection		
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 13.1 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of Mrs Donaghy's training records evidenced that she had completed training in the areas outlined above during March 2017. Discussion with Mrs Donaghy evidenced that she is fully aware of the refresher timescales as outlined in RQIA's training guidance for cosmetic laser services. Review of the newly recruited authorised operators training records evidenced that she had completed all training as outlined in RQIA's training guidance for cosmetic laser services.</p>	
Recommendation 2 Ref: Standard 5.2 Stated: First time	<p>A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that a report detailing the main findings of the client satisfaction surveys was on display in the reception area of the establishment. Mrs Donaghy is aware that the client feedback summary report should be generated at least on an annual basis.</p>	

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

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

It was confirmed that a second authorised operator was recruited and commenced work during July 2017. Although Mrs Donaghy confirmed that the identified authorised operator had completed an induction programme no record of the induction was made. An area for improvement against the standards has been made in this regard.

As discussed, review of training records evidenced that all 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 safeguarding adults at risk of harm.

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

Recruitment and selection

Mrs Donaghy confirmed that one authorised operator has been recruited since the previous inspection. A review of the identified authorised operators personnel file evidenced that most records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. It was noted that the file did not include a criminal conviction declaration, an employment history (to include an explanation of any gaps in employment, if applicable) a contract of employment, or a record of induction. As discussed, an area for improvement against the standards has been made in respect to retaining records of induction. A further area for improvement against the standards has been made to retain all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Donaghy was advised to seek advice and support from the Labour Relations Agency Northern Ireland in regards to the development of contracts of employment. Following the inspection templates that could be used to document criminal conviction declarations and all pertinent information in respect of AccessNI enhanced disclosure checks were forwarded to Mrs Donaghy.

Review of records evidenced that an AccessNI basic disclosure check was sought and retained prior to the identified authorised operator commencing employment. However, this should have been an AccessNI enhanced disclosure check. This has been identified as an area for improvement against the regulations.

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

Safeguarding

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

Review of records demonstrated that all authorised operators had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. 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).

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 confirmed that staff are aware that she is the safeguarding lead within the establishment.

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' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both 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, with the exception of information in respect of the Cynosure Icon laser.

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 2018.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 13 June 2017 in respect of the Cynosure Elite laser and Lumenis Quantum IPL machine. No medical treatment protocols were in place in respect of the Cynosure Icon laser. An area for improvement against the regulations has been made in this regard. 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 in respect of the Cynosure Elite laser and Lumenis Quantum IPL machine.

Up to date local rules were in place for the Cynosure Elite laser and Lumenis Quantum IPL machine which have been developed by the LPA. The local rules contained the relevant information pertaining to the identified machines. No local rules were in place in respect of the Cynosure Icon laser. The development of local rules for the Cynosure Icon laser has been identified as an area for improvement against the regulations.

The establishment's LPA completed a risk assessment of the premises on 15 November 2017 and all recommendations made by the LPA have been addressed. This risk assessment did not include the Cynosure Icon laser and the further development of the risk assessment has been identified as an area for improvement against the regulations.

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. 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 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 Cynosure Elite laser and Lumenis Quantum IPL machines are operated using a key, the Cynosure Icon laser is operated using a keypad code. Arrangements are in place for the safe custody of the laser and IPL keys and keypad code when not in use.

Protective eyewear is available for the client and operator as outlined in the local rules in respect of the Cynosure Elite laser and Lumenis Quantum IPL machine. Mrs Donaghy confirmed that the protective eyewear available for the Cynosure Icon laser was supplied with the machine. An area for improvement against the regulations has been made to ensure 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.

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 and IPL machines are being use and removed when not in use.

The establishment has separate registers for the laser and IPL machines in use, these 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

Mrs Donaghy is aware that a separate register should be developed for the Cynosure Icon laser.

There are arrangements in place to service and maintain the lasers and IPL equipment in line with the manufacturer's guidance. The most recent service report for the Cynosure Elite laser was and Lumenis Quantum IPL machine were both dated 22 February 2018. An engineer's installation report dated 22 November 2017 was available in respect of the Cynosure Icon laser.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Mrs Donaghy 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 rooms were 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 good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

Client and staff views

Twenty clients submitted questionnaire responses. All indicated that they felt their care was safe and that they were very satisfied with this aspect of their care. Comments included in submitted questionnaire responses can be found in the summary of this report.

Four staff submitted questionnaire responses. All indicated that they felt that client care is safe and that they were very satisfied with this aspect of care. The following comment was included in a submitted questionnaire response.

- "At all times health and safety is followed."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, management of emergencies, infection prevention and control and the environment.

Areas for improvement

A record of induction should be retained for newly recruited authorised operators.

An enhanced AccessNI disclosure check should be undertaken in respect of the identified staff member.

Personnel files for newly recruited authorised operators should be in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Medical treatments protocols for all treatments using the Cynosure Icon laser should be in sought and retained.

Local rules should be developed in respect of the Cynosure Icon laser. These should be signed by authorised operators to reflect they have read and understood them.

The LPA risk assessment should be further developed to include the Cynosure Icon laser.

The protective eyewear to be used by the client and operator in respect of the Cynosure Icon should be as outlined in the local rules for the machine.

	Regulations	Standards
Total number of areas for improvement	5	2

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.

Six 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 arrangements in respect of the creation, storage, recording, retention and disposal of records and data protection.

Mrs Donaghy confirmed that she completed the Information Commissioners Office (ICO) online self-assessment the outcome of which was that the establishment did not have to register.

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.

Mrs Donaghy confirmed that staff meetings are held on a monthly basis and that minutes of staff meetings are retained.

Mrs Donaghy confirmed that any complaints and/or incidents would be reviewed to identify any trends or patterns and that any learning would be shared with staff at the time and reinforced during staff meetings.

Client and staff views

All 20 clients who submitted questionnaire responses indicated that they felt their care was effective and that they were very satisfied with this aspect of their care. Comments included in submitted questionnaire responses can be found in the summary of this report.

All four submitted staff questionnaire responses indicated that they felt that client treatments are effective and that they were very satisfied with this aspect of client care. No comments were included in submitted questionnaire responses.

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
Total number of 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 Mrs Donaghy, authorised operator, regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in private rooms 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.

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. It was observed that the most recent client satisfaction survey was on display in the reception area of the establishment.

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

Client and staff views

All 20 clients who submitted questionnaire responses indicated that they are treated with compassion and that they were very satisfied with this aspect of their care. Comments included in submitted questionnaire responses can be found in the summary of this report.

All four staff questionnaire responses indicated that they felt that clients are treated with compassion and that they were very satisfied with this aspect of client care. No comments were included in submitted questionnaire responses.

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
Total number of 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 Mrs Donaghy confirmed that authorised operators were aware of their roles and responsibilities and who to speak to if they had a concern. Mrs Donaghy confirmed that there were good working relationships and that she is responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Mrs 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 routine basis. Mrs Donaghy confirmed that staff are aware of the policies and how to access them.

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 2016 to 31 March 2017.

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. 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.

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 and that if required an action plan would be 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 all authorised operators 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 clients who submitted questionnaire responses indicated that they felt that the service is well managed and that they were very satisfied with this aspect of the service. Comments included in submitted questionnaire responses can be found in the summary of this report.

All four submitted staff questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. The following comments were provided:

- “Donna is very professional and fair as a manager and makes the workplace a very happy environment.”
- “Donna makes all her staff feel like they can raise any concerns they may have in a private and safe environment.”

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Dona Donaghy, registered person, 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, Social Services and Public Safety (DHSSPS) 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 Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</p>	<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> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The authorised operator has completed an enhanced disclosure check with the barred list and criminal convictions through access NI. For any future recruited authorised operators, I will ensure they complete an Access NI enhanced disclosure check.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 39 (1)</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</p>	<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> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The appropriate medical treatments protocols for all treatments using the Cynosure Icon Laser have been obtained and all relevant staff have been notified.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Local rules have been developed for the use of the Cynosure Icon laser in which I have read and signed.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An updated risk assessment has been amended to include the Cynosure Icon Laser. I will address any risk assessment recommendations when needed.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Adhering to the local rules for the Cynosure Icon laser machine, each client who is receiving a laser Icon treatment will be provided with and will wear protective eyewear. As an operator I always wear protective eyewear when carrying out any laser Icon treatments.</p>
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 06 March 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: For recruiting future staff I will hold a record of inductions which I will have signed and dated by myself and the inductee.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 6.4</p>

To be completed by: 09 May 2018	Response by registered person detailing the actions taken: I am aware of protocols and directives which I require to adhere to in the recruitment of new staff. I shall keep all records retained in a file for any future references.
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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 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews