

Announced Care Inspection Report 6 December 2017



Blossom Cosmetic Laser Clinic

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

Address: 16 Balloo Avenue, Bangor BT19 1RT

Tel No: 02891477073

Inspector: Carmel McKeegan

www.rgia.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

This is a cosmetic laser service providing treatments using an Intense Pulse Light (IPL) machine and Class 4 laser machines.

IPL Equipment

Manufacturer:	Lumenis
Model:	Aculight HR – SA 350100
Serial Number:	007-04545
Wavelength:	560nm & 695nm

Laser equipment

Manufacturer: Not Marked
 Model: Not Marked
 Serial Number: YAG 31102
 Laser Class: Class 4
 Wavelength: 532nm & 1064nm

Manufacturer: Lumenis
 Model: Light Sheer Desire
 Serial Number: SA 1170000
 Laser Class: Class 4
 Wavelength: 532nm & 1064nm

Laser protection advisor (LPA) - Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS) – Currently under review

Medical support services – Dr Paul Myers (Lasernet)

Authorised operators - Lynn Burton, Nichola Hawes, Sharon Magee, Donna Walker, Kerry Millar and Siobhan Shannon

Types of IPL treatments provided – Hair removal, skin rejuvenation & thread veins

Types of laser treatments provided – Tattoo removal

3.0 Service details

<p>Organisation/Registered Provider: Kieran Beattie t/a Blossom Cosmetic Laser Clinic</p> <p>Responsible Individual: Mr Kieran Beattie</p>	<p>Registered Manager: Mr Kieran Beattie</p>
<p>Person in charge at the time of inspection: Mr Kieran Beattie</p>	<p>Date manager registered: 30 October 2014</p>
<p>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</p>	

4.0 Inspection summary

An announced inspection took place on 6 December 2017 from 10.30 to 12.55.

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).

An application to vary the registration of the clinic was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr Kieran Beattie, registered person. The application was for the approval of new premises for the provision of the services.

The inspection sought to assess the readiness of the new premises for the provision of the services. The variation to registration is granted subject to submission to RQIA of a completed Quality Improvement Plan (QIP), confirming that the areas identified for improvement have been met and the requested supporting documentation has been provided to RQIA.

The inspection also assessed progress with any areas for improvement identified since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, the management of medical emergencies, infection prevention and control and radiology. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Six areas of improvement were made against the regulations in relation to the provision of staff recruitment records, the provision of a fire risk assessment and legionella risk assessment, confirmation that planning approval has been obtained from the local planning authority, verification of electrical safety in the premises and that notifications are submitted to RQIA as appropriate.

One area of improvement was made against the standards to ensure that the safeguarding lead completes training appropriate to their role and function within the establishment.

All of the clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the service 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	6	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Kieran Beattie, 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 2 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 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:

- review of the submitted application to vary the registration of the establishment
- 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 Mr Beattie, registered person, an authorised operator and spoke briefly with the 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 Mr Beattie at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 February 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 2 February 2017

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 39 (1) Stated: First time	The registered person must ensure that the medical treatment protocols are updated to include all treatments provided by the Lumenis Light Sheer Desire laser and updated annually.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the medical treatment protocols have been updated to include the Lumenis Light Sheer Desire laser. Mr Beattie confirmed that all medical treatment protocols will be updated annually.	
Area for improvement 2 Ref: Regulation 39 (2) Stated: First time	The registered person must ensure that local rules are developed by the LPA for the Lumenis Light Sheer Desire laser.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the local rules have been updated to include the Lumenis Light Sheer Desire laser.	

<p>Area for improvement 3</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a risk assessment is developed by the LPA for the Lumenis Light Sheer Desire laser.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records confirmed that an up to date risk assessment was in place which included the Lumenis Light Sheer Desire laser.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that eye protection is provided as outlined in the local rules for the Lumenis Light Sheer Desire laser.</p> <hr/> <p>Action taken as confirmed during the inspection: It was evidenced that protective eye wear was provided as outlined in the local rules for the Lumenis Light Sheer Desire laser.</p>	Met
<p>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>A record of induction programme relevant to specific roles within the practice should be completed for all new staff members.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Beattie and review of records confirmed that a record of induction had been provided for the most recently employed staff member.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p>	<p>A contract of employment should be provided to existing staff and to any new staff who join the establishment in the future.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Beattie and review of staff personnel documentation confirmed that existing staff have been provided with a contract of employment. Records also verified the most recently employed staff member had a contract of employment.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p>	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p>	Met

	Action taken as confirmed during the inspection: Discussion with Mr Beattie and review of staff personnel documentation confirmed that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice.	
Area for improvement 4 Ref: Standard 12.5 Stated: First time	A staff register should be developed and kept up to date.	Met
	Action taken as confirmed during the inspection: Review of records verified that a staff register was maintained and up-to-date.	
Area for improvement 5 Ref: Standard 8.5 Stated: First time	It should be established if the clinic is required to register with the Information Commissioner's Office.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the establishment is registered with the Information Commissioner's Office.	

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 Mr Beattie and staff confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. Mr Beattie advised that staff roles and responsibilities were in the process of being reviewed to meet the needs of the service, following a change in personnel.

Mr Beattie and staff confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for each of the lasers machines and the IPL machine is maintained and kept up to date.

A review of the completed induction programme for a new staff member evidenced that induction training is provided to new staff on commencement of 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, fire safety and protection of adults at risk of harm.

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

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Mr Beattie and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Beattie confirmed that one staff member had been recruited since the previous inspection. Review of this staff member's personnel file demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained, with the exception of two written references. It was also identified that the AccessNI enhanced disclosure certificate for the staff member was received some four months after the date of commencement of employment.

This was discussed with Mr Beattie, as non-compliance in relation to staff recruitment had selection processes had previously been identified during the pre-registration inspection in 2014 and the annual announced inspection in 2015. Compliance in respect of staff recruitment had been achieved at the most recent care inspection on 2 February 2017; therefore, it is disappointing to note that non-compliance has again been identified. During discussion Mr Beattie confirmed that he understands his responsibility in this regard and provided assurances that compliance in respect of staff recruitment and selection practice will be achieved and maintained. An area of improvement against the regulations has been made to address this issue.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. Mr Beattie was advised to ensure the recruitment policy and procedures are adhered to for all future new staff appointments.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff 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 not yet completed formal Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area for improvement against the standards was made to ensure the safeguarding lead completes Level 2: Awareness Raising, Recognising and Responding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance. documents in relation to safeguarding adult and children. Advice and guidance was provided to Mr Beattie who confirmed that the policy would be updated and shared with staff. 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.

Mr Beattie and staff confirmed that neither the laser nor the IPL service is provided to persons under the age of 18 years.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 was available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to all of the 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 5 October 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 11 April 2017. 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 which have been developed by the LPA, were in place and contained the relevant information pertaining to the IPL and laser equipment being used.

The establishment's LPA completed a risk assessment of the new premises on 6 October 2017 and it was confirmed that all of the recommendations made by the LPA have been addressed.

A laser protection supervisor (LPS) had been appointed and had overall responsibility for safety during laser treatments. However, Mr Beattie advised that the LPS is no longer employed in the establishment and he is in the process of appointing a new LPS. Mr Beattie confirmed that he will inform the LPA of any internal changes in relation to this issue and the laser safety file will be updated accordingly.

When the laser and/or IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. In the absence of an LPS currently arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS. Discussion with Mr Beattie confirmed that systems are in place to ensure other authorised operators are aware of who the LPS on duty is.

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.

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. There are two treatment rooms. Treatment room one contains the Lumenis Light Sheer Desire which has an interlock

system in place. Treatment room two contains the other laser machine and the IPL machine. Doors to treatment rooms are locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency.

The Lumenis Light Sheer Desire laser machine is operated using a keypad and the other laser machine and the IPL machine are operated using keys. Arrangements are in place for the safe custody of the keypad code and the laser and IPL keys, when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. A Laser safety warning sign was displayed on the door of treatment room one, it was confirmed that the sign is displayed when the laser equipment is in use and removed when not in use. Mr Beattie confirmed that the laser safety warning sign for treatment room two had been ordered, an invoice confirming this was provided.

The establishment has a separate register for both of the lasers and the IPL machine which is completed on each occasion that the equipment is operated:

- 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 each machine was available for inspection.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware of the action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

Both treatment rooms were clean and clutter free. Discussion with staff 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 and cleaning schedules were in place.

The building is provided with a fire alarm and detection system and fire extinguishers. Records indicated that arrangements have been established to ensure the fire alarm and detection system and fire extinguishers are serviced annually.

A carbon dioxide (CO₂) fire extinguisher is also available and has been serviced within the last year.

A fire risk assessment has not yet been completed for the new premises, advice and guidance was provided and an area for improvement has been made against the regulations to address this area.

A legionella risk assessment had not yet been completed for the new premises. An area for improvement against the regulations has been made to ensure that a legionella risk assessment is undertaken by a competent person and monitoring measures should be implemented, as appropriate.

An area for improvement against the regulations has also been made for a competent electrician to provide verification that the fixed electrical installation is in a safe and satisfactory condition and that portable appliance testing (PAT) has been completed. The verification should be forwarded to RQIA.

Confirmation is required that the statutory planning authority has given approval for the premises to be used for the purposes of an independent healthcare facility providing laser and IPL services. An area for improvement against the regulations has been made in this regard.

Client and staff views

Eighteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm. The following comment was included in a submitted questionnaire response:

- 'Safe clinical practice, very impressed.'

Four staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm. Staff spoken with during the inspection concurred with this. 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 staff induction, training, supervision and appraisal, laser safety, management of emergencies and infection prevention and control.

Areas for improvement

All recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be obtained for any new staff member.

The safeguarding lead should complete Level 2: Awareness Raising, Recognising and Responding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

A validated fire risk assessment should be completed by a competent person and made available for staff and other relevant persons.

A legionella risk assessment should be undertaken by a competent person and made available for staff and other relevant persons.

A competent electrician should provide verification that the fixed electrical installation is in a safe and satisfactory condition and that portable appliance testing (PAT) has been completed.

Confirmation is required that the statutory planning authority is in receipt of notification of the proposal to use the premises for the provision of independent health care laser and IPL services.

	Regulations	Standards
Total number of areas for improvement	5	1

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 creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioners Office (ICO).

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

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

Staff confirmed that management is approachable and their views and opinions are listened to. Mr Beattie and staff confirmed that staff meetings are held on a regular basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Review of complaints and/or incident documentation confirmed that learning from complaints/incidents is disseminated to staff.

Client and staff views

All 18 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 comment was included in a submitted questionnaire response:

- ‘Everything explained to me and questions answered. Expectations, same.’

All submitted staff questionnaire responses 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 of good practice

There were examples of good practice found in relation to the management of clinical records, 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 Mr Beattie and staff 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 and electronic records are password protected.

Mr Beattie confirmed that client satisfaction surveys are usually carried out by the establishment on an annual basis and the results of these are collated to provide a summary report and subsequently made available to clients and other interested parties. Mr Beattie confirmed that an action plan would be developed to inform and improve services provided, if appropriate. However as the service has relocated the client satisfaction summary report had not yet been completed for 2017. Mr Beattie confirmed that this will be addressed before the year end.

Client and staff views

All 18 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'
- 'Everything was confidential. All choices discussed. I was told all information to make informed decision,'

All submitted staff questionnaire responses 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 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 operators in order to deliver safe, effective and compassionate care.

Management and governance

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Mr Beattie 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. Staff spoken with were aware of the policies and how to access them.

Discussion with Mr Beattie demonstrated that arrangements were in place to review risk assessments. As previously stated the fire and legionella risk assessments need to be completed.

A copy of the complaints procedure was displayed in the establishment. Discussion with Mr Beattie demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice. However it was identified that one of the complaints should have been managed as a notifiable event and reported to RQIA; this was discussed with Mr Beattie and an area for improvement against the regulations has been made in this regard.

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 Mr Beattie confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mr Beattie 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. Discussion with the authorised operator confirmed that they were aware of who to contact if they had a concern.

Mr Beattie demonstrated a clear understanding of his role and responsibility in accordance with legislation. Mr Beattie 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 18 clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included in a submitted questionnaire response:

- 'Very impressed, no waiting, felt nurse was totally dedicated to me and my needs.'

All four submitted staff questionnaire responses indicated that they felt that the service is well led. 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 governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

All notifiable events must be investigated and reported to RQIA or other relevant bodies as appropriate.

	Regulations	Standards
Total number of areas for improvement	1	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 Mr Kieran Beattie, 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 ; 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) as amended</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2017</p>	<p>The registered person shall ensure that all recruitment records as outlined in as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are obtained for all new staff, prior to commencement of employment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 25 (4)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</p>	<p>The registered person shall ensure that a validated fire risk assessment is carried out. The action plan arising from the assessment should be fully implemented within timescales acceptable to the assessor.</p> <p>Reference should be made to guidance available from the Northern Ireland Fire and Rescue Service.</p> <p>A copy of the fire risk assessment should be forwarded to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 25 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</p>	<p>The registered person shall ensure that a legionella risk assessment is undertaken by a competent person and made available for staff and other relevant persons.</p> <p>Monthly monitoring of water temperatures should be maintained in this regard.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 25 (2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</p>	<p>The registered person shall ensure that a competent electrician provides verification that the fixed electrical installation is in a safe and satisfactory condition and that portable appliance testing (PAT) has been completed. The verification should be forwarded to RQIA upon return of the QIP.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 25 (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</p>	<p>The registered person shall provide RQIA with confirmation that the statutory planning authority has given approval for the premises to be used for the purposes of an independent healthcare facility providing laser and IPL services.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 28 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2017</p>	<p>The registered person shall ensure that all notifiable events must be investigated and reported to RQIA or other relevant bodies as appropriate.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</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</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that the safeguarding lead completes Level 2: Awareness Raising, Recognising and Responding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>

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