

# Announced Care Inspection Report 2 February 2017



## Blossom Cosmetic Laser Clinic

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

**Address: 186 Rathgael Road, Bangor, BT19 1RT**

**Tel No: 028 91 477073**

**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Blossom Cosmetic Laser Clinic took place on 2 February 2017 from 10.30 to 12.30.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Kieran Beattie, registered person, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment.

Four requirements have been made; one to ensure the medical treatment protocols are updated to include treatments provided by the new laser and are updated annually, one to ensure local rules are developed by the laser protection advisor (LPA) in respect of the new laser, one to ensure a risk assessment is undertaken by the LPA in respect of the new laser and one to ensure eye protection is provided as outlined in the local rules for the new laser. Four recommendations were made in relation to the provision of a record of induction for all staff, the provision of a contract of employment for all staff, the handling of Access NI disclosure certificates and the development of a staff register.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Beattie and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. A recommendation has been made that Blossom Cosmetic Laser Clinic should establish if it is required to register with the Information Commissioner's Office (ICO).

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Beattie and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

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

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	5

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 September 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Kieran Beattie t/a Blossom Cosmetic Laser Clinic	<b>Registered manager:</b> Mr Kieran Beattie
<b>Person in charge of the home at the time of inspection:</b> Mr Kieran Beattie	<b>Date manager registered:</b> 30 October 2014
<b>Categories of care:</b> 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	

### 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) – Laura McNally**

**Medical support services – Dr Paul Myers (Lasernet)**

**Authorised users - Laura McNally, Lynn Burton, Nichola Hawes, Sharon Magee**

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

**Types of laser treatments provided – Tattoo removal**

### 3.0 Methods/processes

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

During the inspection the inspector met with Mr Kieran Beattie, registered person, an authorised user and a receptionist. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 September 2015

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 2 September 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 23 (1) (3) (7) <b>Stated:</b> First time	<p>The registered person must ensure that all complaints are well documented, fully investigated and have outcomes recorded in line with the legislation and complaints policy and procedure.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of documentation confirmed that any expression of dissatisfaction is recorded and subsequently managed as a complaint. Records were maintained in accordance with best practice.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	<p>The registered person must ensure that all authorised users complete the required mandatory training as outlined in the main body of the report.</p> <p><b>Action taken as confirmed during the inspection:</b>            Training records were available and verified that all authorised users have completed mandatory training as recommended.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> Second time	<p>The registered person must ensure that arrangements are in place to decontaminate all equipment between client use.</p> <p><b>Action taken as confirmed during the inspection:</b>            A record was kept to verify that arrangements were in place to decontaminate all equipment between client use.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that all information required by Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained for the two new authorised users and all future authorised users prior to them commencing employment.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Beattie confirmed that three new staff have been appointed since the previous inspection. Review of staff personnel files confirmed that all information required by Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained for the two new authorised users and all future authorised users prior to them commencing employment, with the exception of a criminal conviction declaration made by the applicant. Discussion with Mr Beattie demonstrated that they had believed that the Access NI enhanced disclosure covered this area. Advice was provided and Mr Beattie was referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which clearly states the information required in respect of employees.</p> <p>Following the inspection Mr Beattie provided written confirmation by email that a criminal conviction declaration had been obtained for each of the new staff members.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48.6</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the new LPS should sign the front of the updated local rules once received from the LPA.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the updated local rules confirmed the new laser protection supervisor (LPS) had signed the local rules as recommended.</p>		

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 48.13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, receives laser safety awareness training annually.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records were maintained which verified that other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, receives laser safety awareness training annually.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that all corrections are made in line with best practice guidance and in such a way as the original entry can still be seen. Correction fluid should not be used.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records verified that correction fluid is not used, client records are now retained electronically.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 48.10</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that patch testing is undertaken for all treatments in line with the medical treatment protocols.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of client records confirmed that a patch testing is undertaken for all treatments in line with the medical treatment protocols and was recorded in client's individual records.</p>		

### 4.3 Is care safe?

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

Discussion with Mr Beattie indicate that induction training is provided to new staff on commencement of employment however this is not recorded, advice and guidance was provided in this regard. A recommendation was made that a record of induction programme relevant to specific roles within the establishment is completed for all new staff members.

A review of training records evidenced that authorised users 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.

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.

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 users 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 three staff have been recruited since the previous inspection. As previously stated, review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of a criminal conviction declaration made by the applicant. Following the inspection Mr Beattie provided written confirmation by email that a criminal conviction declaration had been obtained for each of the new staff members.

Review of the personnel records showed that an AccessNI enhanced disclosure had been obtained for the staff member after employment had commenced and that the original AccessNI disclosure certificate had been retained in the practice. Mr Beattie was advised that disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Mr Beattie also confirmed that staff have not been provided with a contract of employment. A recommendation was made that a contract of employment is provided to existing staff and to any new staff who join the establishment in the future.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration where applicable. Mr Beattie was informed that the staff register is a live document and should be kept up-to-date.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. A recruitment checklist was shared with Mr Beattie which if implemented will ensure all records pertaining to staff recruitment are retained.

## **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 in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014



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

On the afternoon of the inspection regional safeguarding documentation was forwarded to Mr Beattie by email.

Mr Beattie and staff confirmed the laser and IPL service is not provided to persons under the age of 18 years.

### **Laser/IPL safety**

Mr Beattie confirmed that a new laser, a Lumenis Light Sheer Desire, has been provided in Blossom Cosmetic Laser Clinic since the previous inspection.

A laser safety file was in place which contained all of the relevant information in relation to laser and IPL equipment, however there was no documentation in respect of the Lumenis Light Sheer Desire laser machine.

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 13 June 2017. Mr Beattie stated it was intended that the LPA would complete the risk assessment and develop local rules for the new laser at this time. Mr Beattie was advised that the risk assessment in respect of the Lumenis Light Sheer Desire laser should have been completed at the time of installation and a requirement has been made to address this.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 16 June 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided. However, there were no medical treatment protocols for the Lumenis Light Sheer Desire laser, a requirement has been made in this regard.

Local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL and the original laser equipment being used. A requirement was made that local rules must be developed by the LPA in respect of the Lumenis Light Sheer Desire laser.

The establishment's LPA completed a risk assessment of the premises on 14 June 2016 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 users is maintained. Authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

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

The original laser and the IPL equipment are operated using keys, the Lumenis Light Sheer Desire laser is operated using a keypad. Arrangements are in place for the safe custody of the laser and IPL keys and the keypad code when not in use.

Protective eyewear is available for the client and operator as outlined in the local rules. Protective eyewear was also provided for the Lumenis Light Sheer Desire laser, the LPS confirmed this eyewear was provided by Lasertech, who supplied the machine and provided training for the authorised users. A requirement has been made to ensure eye protection is provided as outlined in the local rules for the Lumenis Light Sheer Desire laser, upon completion of this document.

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 register for the original laser and the new laser and also an IPL register 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

Mr Beattie confirmed there are arrangements in place to service and maintain the lasers and IPL equipment in line with the manufacturer's guidance.

### **Management of emergencies**

As discussed, authorised users have up to date training in basic life support. Discussion with staff confirmed they were 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 room was clean and clutter free. Discussion with Mr Beattie and 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 users 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Client and staff views

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

- 'Very much so'
- 'Helpful friendly staff'

Two staff submitted questionnaire responses. Both indicated that they felt that clients are safe and protected from harm. No comments were included in submitted questionnaire responses.

## Areas for improvement

A record of induction programme relevant to specific roles within the practice should be completed for all new staff members.

A contract of employment should be provided to existing staff and to any new staff who join the establishment in the future.

Access NI disclosure certificates should be handled in keeping with best practice guidance.

A staff register should be developed and kept up to date.

Ensure the medical treatment protocols include all treatments provided by the Lumenis Light Sheer Desire laser and are updated annually.

Local rules must be developed by the LPA in respect of the Lumenis Light Sheer Desire laser.

A risk assessment must be undertaken by the LPA in respect of the Lumenis Light Sheer Desire laser.

Eye protection should be provided as outlined in the LPA local rules for the Lumenis Light Sheer Desire laser.

<b>Number of requirements</b>	4	<b>Number of recommendations</b>	4
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## 4.4 Is care effective?

### Care pathway

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

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed, which are held electronically. 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.

Mr Beattie was unsure if the establishment is registered with the Information Commissioners Office (ICO) or not. A recommendation has been made in this regard.

## **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 and confirmed that staff meetings are held on a regular basis.

Review of complaints documentation confirmed that learning from complaints is disseminated to staff.

## **Client and staff views**

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

- 'Very happy'
- 'Good care and advice given to make treatment effective'

Both 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. The following comment was provided:

- 'All records recorded on 'Flourish'. Client pre & post aftercare given. Review carried out'

### Areas for improvement

It should be established if the clinic is required to register with the Information Commissioner's Office.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

### 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 user 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 electronically and electronic records are password protected.

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.

### Client and staff views

All of the ten 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 comment was provided:

- 'Very'

Both 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 for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance

There was a clear organisational structure within the establishment and authorised users were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised users 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.

Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Mr Beattie and staff demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the establishment. Discussion with Mr Beattie and staff 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.

Discussion with Mr Beattie confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with 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 authorised users 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. Review of the statement of purpose and client's guide confirmed the documents were up to date, Mr Beattie confirmed the documents 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 of the ten clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

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

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the IH-Cosmetic Laser\Intense Pulsed Light. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulations (Northern Ireland) 2011

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 39 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 02 April 2017</p>	<p>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.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>LASERMET INSPECTED 11/4/17</p> <p>AWAITING REPORT</p> <p>R</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 39 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 April 2017</p>	<p>The registered person must ensure that local rules are developed by the LPA for the Lumenis Light Sheer Desire laser.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>LASERMET INSPECTED 11/4/17</p> <p>AWAITING REPORT</p> <p>R</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 39 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 April 2017</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><b>Response by registered provider detailing the actions taken:</b></p> <p>LASERMET INSPECTED 11/4/17</p> <p>AWAITING REPORT</p> <p>R</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 39 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 April 2017</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><b>Response by registered provider detailing the actions taken:</b></p> <p>LASER MET INSPECTED 11/4/17</p> <p>MAINTENANCE REPORT</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 April 2017</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><b>Response by registered provider detailing the actions taken:</b></p> <p>New induction plan / programme implemented</p> <p>B 18/4/17</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 April 2017</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><b>Response by registered provider detailing the actions taken:</b></p> <p>DONE</p> <p>B 18/4/17</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 April 2017</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> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>DONE</p> <p>B 18/4/17</p>

<p><b>Recommendation 4</b></p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2017</p>	<p>A staff register should be developed and kept up to date.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">Done ✓                      22/3/17</p> <p style="text-align: center;">B</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2017</p>	<p>It should be established if the clinic is required to register with the Information Commissioner's Office.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">Done ✓                      B</p> <p style="text-align: center;">16/5/17</p>

*\*Please ensure this document is completed in full and returned to RQIA's office\**

<b>Name of registered manager/person completing QIP</b>			
<b>Signature of registered manager/person completing QIP</b>		<b>Date completed</b>	
<b>Name of registered provider approving QIP</b>			
<b>Signature of registered provider approving QIP</b>		<b>Date approved</b>	
<b>Name of RQIA inspector assessing response</b>			
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	



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