

**Announced Care Inspection
of
Anita's Health & Beauty Spa**

2 June 2015

1. Summary of Inspection

An announced care inspection took place on 2 June 2015 from 10.00 to 11.00. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the registered person, Mrs Anita Mainie, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Anita Mainie	Registered Manager: Mrs Anita Mainie
Person in Charge of the Establishment at the Time of Inspection: Mrs Anita Mainie	Date Manager Registered: 13 June 2013
Categories of Care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL Equipment

Manufacturer: Energist
Model: Ultra Plus
Serial Number: PO 2447
Class: IPL

Laser Protection Advisor (LPA) – Mr Godrey Town

Laser Protection Supervisor (LPS) – Mrs Anita Mainie

Medical Support Services - Dr Maria Gonzalez

Authorised User - Mrs Anita Mainie

Types of Treatment Provided – Hair removal, skin rejuvenation, thread veins, pigmentation, acne.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and registration

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mrs Maine as she is the only authorised user of the IPL equipment.

The following records were examined during the inspection:

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|----------------------------------|-------------------------------|
| • Ten client care records | • Incident/accident records |
| • Laser safety file | • Local rules |
| • Laser risk assessment | • Medical treatment protocols |
| • Policies and procedures | • Equipment service records |
| • Client feedback questionnaires | • Complaints records |

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 12 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection
Dated 12 January 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 9A (1) The Regulation and Improvement (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011	The registered provider/manager must ensure that policies and procedures are developed for the establishment as outlined in Appendix 1 of the DHSSPS Minimum Care Standards for Independent Healthcare Establishments.	Met
	Action taken as confirmed during the inspection: The policy and procedure manual was reviewed and found to be in line with Appendix 1 of the DHSSPS Minimum Care Standards for Independent Healthcare Establishments. A recommendation was made to further develop the incidents policy to include reporting arrangements to RQIA.	
Requirement 2 Ref: 28 (1) The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	The registered provider/manager must ensure that the RQIA certificate of registration is clearly displayed in the establishment.	Met
	Action taken as confirmed during the inspection: The RQIA certificate of registration was clearly displayed in the reception area of the establishment.	
Requirement 3 Ref: Regulation 25 (2) (d)	The registered provider/manager must ensure that the total blocking shields are repaired, discussed and agreed with the LPA and included in the local rules.	Partially Met
	Action taken as confirmed during the inspection: The registered person had purchased new total blocking shields however they had not been discussed and agreed with the LPA or included in the local rules. This part of the requirement is made for the second time within this report.	

Requirement 4 Ref: Regulation 18 (2) (a)	<p>The registered provider/manager must ensure that the authorised user undertake Core of Knowledge training or provide evidence to RQIA that this was included in their safe use and application training provided by the equipment manufacturer.</p> <p>Action taken as confirmed during the inspection: Review of training records confirmed that the authorised user had undertaken Core of Knowledge and application training.</p>	Met
Previous Inspection Recommendation		Validation of Compliance
Recommendation 1 Ref: Standard 7.1	<p>The registered provider/manager should ensure that the contact details of RQIA are included in the complaints policy and procedure as a regulator and not as a referral route for stage two complaints.</p> <p>Action taken as confirmed during the inspection: The complaints policy and procedure was reviewed and found to contain the contact details of RQIA as a regulator in line with DHSSPS guidance.</p>	Met

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with Mrs Mainie confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in a locked cupboard.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with Mrs Mainie and review of ten client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Anita's Health and Beauty Spa obtains the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and four were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some of the comments received from clients included:

- "Very happy with result"
- "Anita was very knowledgeable on treatment"
- "Very well treated and relaxed"
- "Very high standard"
- "5 stars, brilliant"

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the reception area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by Mrs Mainie and an action plan would be developed and implemented if any issues were identified.

Is Care Compassionate?

Review of care records and discussion with Mrs Mainie confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Mainie confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mrs Mainie confirmed that information from complaints will be used to improve the quality of services.

Is Care Effective?

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The policy and procedure had been updated following the previous inspection to include the contact details of RQIA as a regulator and not a referral route for stage two complaints.

Mrs Mainie demonstrated a good understanding of complaints management.

Systems were in place to store complaint records securely in line with data protection legislation.

The complaints procedure is contained within the Client Guide; copies of which are available in for clients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Mrs Mainie confirmed that the complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Standard 48 - Laser and Intense Light Sources

Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expired on 21 November 2015.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Maria Gonzales on 27 February 2013; which are due for review on 26 February 2016. Systems are in place to discuss the medical treatment protocols each year to ensure no changes have occurred.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 22 November 2014.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and the authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 22 November 2012 and all recommendations made by the LPA have been addressed. The risk assessment is due for renewal on 21 November 2015.

The authorised user has completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that the authorised user had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules. The establishment had purchased new total blocking shields following the last inspection, however they had not been discussed and agreed with the LPA or included in the local rules. The inspector was therefore unable to confirm if the total blocking shields were suitable for use with the IPL equipment available and advised that they should not be used until approved by the LPA. Discussion with Mrs Mainie confirmed that the new shields had not been used on any clients.

The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.

Is Care Effective?

The establishment has an IPL register which is 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

Ten 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); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 23 September 2014 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

Is Care Compassionate?

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 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.

Areas for Improvement

The total blocking shields must be discussed, agreed by the LPA and included in the local rules. The shields should not be used until approved by the LPA.

Number of Requirements:	1	Number of Recommendations:	0
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5.7 Additional Areas Examined

5.7.1 Management of Incidents

The management of adverse incident policy should be further developed to include reporting arrangements to RQIA. Mrs Mainie was directed to the RQIA website to download the relevant guidance documents.

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA registration and Insurance Arrangements

Discussion with Mrs Mainie regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the establishment.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Anita Mainie, 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered provider/manager must ensure that the total blocking shields are repaired, discussed and agreed with the LPA and included in the local rules.
Ref: Regulation 25 (2) (d)	
Stated: Second time	Response by Registered Person(s) Detailing the Actions Taken:
To be Completed by: 2 July 2015	<i>Ant Hare</i> <i>Completed</i>

Recommendations

Recommendation 1	It is recommended that the incident policy and procedure is further developed to include reporting arrangements to RQIA.
Ref: Standard 9.9	
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:
To be Completed by: 2 July 2015	<i>Purchased Total Blocking Shields</i> <i>Completed</i>

Registered Manager Completing QIP	<i>Ant Hare</i>	Date Completed	<i>Sept 15</i>
Registered Person Approving QIP	<i>Ant Hare</i>	Date Approved	<i>Sept 15</i>
RQIA Inspector Assessing Response	<i>Jo Browne</i>	Date Approved	<i>30/10/15</i>

Please ensure the QIP is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address