



**The Regulation and
Quality Improvement
Authority**

Announced Inspection

Name of Establishment:	Anita's Health and Beauty Spa
Establishment ID No:	12124
Date of Inspection:	12 January 2015
Inspector's Name:	Jo Browne
Inspection No:	18582

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Anita's Health and Beauty Spa
Address:	38 Church Street Antrim BT41 4BA
Telephone number:	028 9442 8875
Registered organisation/ registered provider:	Ms Anita Mainie
Registered manager:	Ms Anita Mainie
Person in charge of the establishment at the time of inspection:	Ms Anita Mainie
Registration category:	PT(IL) - Prescribed techniques or prescribed technology: establishments using intense light sources
Date and time of inspection:	12 January 2015 10.00 – 12.20
Date and type of previous inspection:	Announced 2 December 2013
Name of inspector:	Jo Browne

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of IPL services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered provider/manager, Anita Mainie
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	3
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2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSPPS Minimum Care Standards for Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 16 – Management and Control of Operations
- Standard 48 – Laser and Intense Light Sources

3.0 Profile of Service

Anita's Health and Beauty Clinic is a commercial building located in Antrim town centre.

Public car parking is available for clients.

The IPL service is delivered in a treatment room on the first floor and is not accessible for clients with a disability. However, arrangements are in place to accommodate clients with a disability who cannot access the establishment by referral to another facility.

A waiting area and toilet facilities are available for client use.

The establishment's statement of purpose outlines the range of services provided.

Anita's Health and Beauty Clinic is registered as an independent clinic providing prescribed techniques or prescribed technology: establishments using intense light sources.

IPL Equipment

Manufacturer: Energist Ultra Plus
 Laser Class: IPL- intense pulsed light
 Model: Ultra Plus
 Serial Number: PO 2447

Laser Protection Advisor (LPA)

Godfrey Town

Laser Protection Supervisor (LPS)

Anita Mainie

Authorised User

Anita Mainie

Medical Support Service

Dr Maria Gonzalez

Type of Treatments Provided

Hair removal, Skin rejuvenation, thread veins, pigmentation, acne.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 12 January 2015 from 10.00 to 12.20. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were five requirements and two recommendations made as a result of the previous annual announced inspection on 2 December 2013. Two requirements had not been fully addressed and are restated within this report. The inspector discussed the restated requirements with Ms Mainie following the inspection and it was agreed that evidence to confirm that the requirements had been addressed would be submitted to RQIA. If evidence was not received a follow up inspection would be undertaken.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Ms Anita Mainie was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Ms Mainie collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in the reception area of the premises.

Anita's Health and Beauty has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered provider/manager displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. Ms Mainie is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The establishment has systems in place to audit the quality of service provided as outlined in the main body of the report.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

A requirement was stated for the second time to 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.

The registered provider/manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

A Statement of Purpose and Client Guide were in place.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis.

Evidence was received following the inspection to confirm that an IPL register had been developed which included all of the information required by legislation.

Six client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided.

A risk assessment had been undertaken by the establishment's LPA on 22 November 2014 and no issues were identified.

The authorised user has completed training in the safe use and application of the IPL equipment with the manufacturer of the equipment. A requirement was made during the previous inspection to provide evidence of that the training undertaken included core of knowledge. If the authorised user is unable to establish that core of knowledge training was included in the training provided by the equipment manufacturer then a separate core of knowledge course must be completed.

The environment in which the IPL equipment is used was found to be safe and controlled.

Protective eyewear is available for the client and operator. The inspector observed that total blocking shields were available however these had not been included in the local rules along with the other protective eyewear. The elastic on the shields was also observed to be in need of repair. A requirement was made to address these issues.

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

Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector. A laser safety file was in place.

The RQIA certificate of registration was not displayed within the premises and a requirement was made to address this.

Two requirements, two restated requirements and one recommendation were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Ms Anita Mainie and for her hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	16 (7)	The registered person must ensure that clients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment.	The inspector reviewed the written information provided to clients for IPL procedures.	Two	Compliant
2	21 (3) Schedule 3 Part II (3)	The registered person must ensure that the IPL register contains all of the information as outlined in the main body of the report.	Evidence was received following the inspection to confirm that an IPL register had been developed which contained all of the information required by legislation.	Two	Compliant
3	18 (2) (a)	The registered person must ensure that the authorised users undertake Core of Knowledge training or provide evidence that this was included in their safe use and application training.	Evidence that core of knowledge training had been undertaken was not available during the inspection. This requirement is stated for the second time.	One	Not Compliant

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
4	19 (2) (d)	The registered person must ensure that an AccessNI check is carried out on all authorised users.	Ms Mainie is the only authorised user and does not employ any other staff at present. The requirement is therefore no longer applicable.	Two	Compliant
5	9A (1) – The Regulation and Improvement (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011	The registered person must ensure that policies and procedures are developed for the clinic as outlined in the main body of the report.	The requirement has not been addressed and is stated for the second time within this report. The inspector provided guidance on the development of the policies and procedures.	One	Not Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4	The registered person should ensure that the date of completion is recorded on the client satisfaction questionnaires.	The date of completion was recorded on the client satisfaction questionnaires.	One	Compliant
2	P2.6	The registered person should obtain a copy of the LPA's current certificate of competence from his professional body.	The inspector reviewed the LPA's current certificate of competence as part of the inspection process.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Anita's Health and Beauty obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients and three were returned and completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> • "Very well treated and relaxed" • "5 stars, brilliant" • "Very satisfactory" <p>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 premises.</p>	

Evidenced by:

Review of client satisfaction surveys

Review of summary report of client satisfaction surveys

Summary report made available to clients and other interested parties

Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies. In line with the legislation it is recommended that the contact details of RQIA are included in the complaints policy and procedure a regulator and not as a referral route for stage two complaints.</p> <p>The registered provider/manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Client Guide. The registered provider/manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:**Review of complaints procedure****Complaint procedure made available to clients and other interested parties****Discussion with clients and/or their representatives****Discussion with staff****Review of complaints records****Review of the audit of complaints**

STANDARD 9**Clinical Governance:**

Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.

The registered provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

Ms Mainie does not currently employ staff and is the only authorised user of the IPL equipment.

The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:

- Client feedback questionnaires

The inspector discussed other types of audits which could be undertaken to monitor the quality of service provided.

Ms Mainie is involved in the day to day running of the establishment.

A requirement was made during the previous inspection to develop policies and procedures, appropriate for the service provided, as outlined in Appendix 1 of the DHSSSPS Minimum Care Standards for Independent Healthcare Establishments July 2014. This requirement has not been addressed is stated for the second time within this report. The inspector forwarded the list of the policies required following the inspection and offered guidance on how to address this requirement.

Following completion the policies and procedures should be retained in a centrally indexed policy manual.

Along with the list of policies the establishment must develop an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.

The registered provider/manager confirmed that no research is currently being undertaken within the establishment.

Evidenced by:

Review of policies and procedures
Discussion with registered provider/manager
Review of monitoring reports
Review of audits
Review of incident management
Review of research arrangements

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>As previously stated under Standard 9 a policy and procedure must be developed in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered provider/manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The establishment had Statement of Purpose and Client Guide in place. The inspector advised Ms Mainie to review these documents at least once a year to ensure that they remained up to date.</p> <p>As previously stated under Standard 9 a written policy on "Whistle Blowing" must be developed.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place.</p> <p>It is required that the RQIA certificate of registration is clearly displayed in the premises as outlined in The Health and Person Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.</p>	

Evidenced by:**Review of policies and procedures****Review of training records****Review of Client Guide****Review of Statement of Purpose****Review of insurance arrangements**

STANDARD 48**Laser and Intense Light Sources:**

Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. 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 treatment provided and the individual requirements of the client.

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.

Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

IPL procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Maria Gonzales on 27 February 2013 which are due for review in 2016 if no changes occur.

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

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

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 IPL treatments as recorded within the local rules.

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

During the previous inspection a requirement was made to establish 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

Evidence was received following the inspection to confirm that an IPL register had been established which contained all of the information required by legislation.

Six client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken. The inspector advised including the cost of the treatment on the consent form in the space provided.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 22 November 2014 and no recommendations were made.

The authorised user has completed training in the safe use and application of the IPL equipment with the manufacturer of the equipment. A requirement was made during the previous inspection to provide evidence of that the training undertaken included core of knowledge. If the authorised user is unable to establish that core of knowledge training was included in the training provided by the equipment manufacturer then a separate core of knowledge course must be completed. A requirement was stated for the second time to address this.

Review of the training records confirmed that all authorised users 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

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 IPL 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 inspector observed that total blocking shields were available however these had not been included in the local rules. The elastic on the shields was also observed to be in need of repair. It is required that the total blocking shields are repaired, discussed and agreed with the LPA and included in the local rules.

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.

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.

There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.

Evidenced by:

Discussion with staff
Review of policies and procedures
Review of information provided to clients
Review of local rules
Review of medical treatment protocols
Review of IPL register
Review of client care records
Review of LPA's risk assessment
Review of staff personnel files
Review of training records
Review of premises and controlled area
Review of maintenance records
Review of laser safety file

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Anita Mainie as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

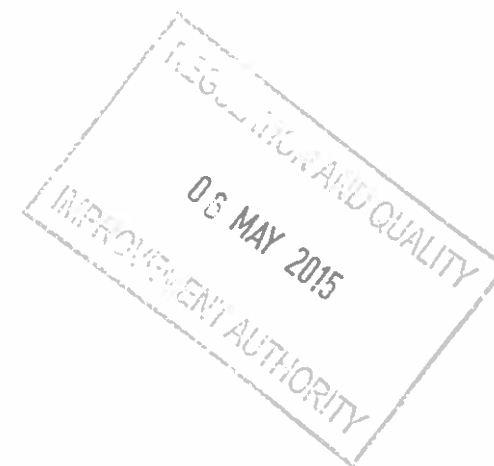
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Jo Browne
Inspector / Quality Reviewer

Date



Quality Improvement Plan

Announced Inspection

Anita's Health and Beauty Spa

12 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Anita Mainie either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	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. Ref: Standard 9	Two	Sorted	Within three months
2	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. Ref: Standard 16	One	Sorted	Immediately and ongoing
3	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. Ref: Standard 48	One	Sorted	Immediately


STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	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>Ref: Standard 48</p>	Two	Sorted .	Within three months

RECOMMENDATION

This recommendation is based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. It promotes current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	7.1	The registered provider/manager should ensure that the contact details of RQIA are included in the complaints policy and procedure a regulator and not as a referral route for stage two complaints. Ref: Standard 7	One		Within three months

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Winnie Maguire
The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: Anita Mainie

NAME: Anita Mainie
Registered Provider

DATE 23/4/15

SIGNED: Anita Mainie

NAME: Anita Mainie
Registered Manager

DATE 23/4/15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		<u>Broune</u>	<u>7/5/15</u>
B	Further information requested from provider		✓	<u>Broune</u>	<u>7/5/15</u>



Pre-Inspection Self-Assessment Laser/IPL Service

Name of Establishment: Anita's Health & Beauty Clinic

Establishment ID No: 12124

Date of Inspection: 17 December 2014

Inspector's Name: Jo Browne

Inspection No: 18582

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		NO
Have any changes been made to the management structure of the establishment since the previous inspection?		NO
Yes, please comment		

Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	YES	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	YES	
Do all policies and procedures contain the date of issue, date of review and version control?	YES	
Are all policies and procedures ratified by the registered person?	YES	
No, please comment		

Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	YES	
Are care records maintained for each individual client?	YES	
Are arrangements in place to securely store client care records?	YES	
No, please comment		

Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	YES	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	YES	
No, please comment		

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	YES	
No, please comment		

Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	YES	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?		NO
No, please comment We don't have complaints.		

Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	YES	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	YES	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	YES	
Are appropriate arrangements in place to decontaminate equipment between clients?	YES	
No, please comment		

Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	YES	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	YES	
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	YES	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?		NO
Are training records available which confirm that the following mandatory training has been undertaken:		
AUTHORISED USERS	YES	NO
Core of knowledge training – within the past 5 year years	YES	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	YES	
Infection prevention and control training – annually	YES	
Fire safety – annually	YES	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	YES	
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually	YES	
If No, please comment		

Appraisal

	YES	NO
Does the establishment have an appraisal policy and procedure in place?	YES	
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	YES	
No, please comment		

Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?		NO
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?		NO
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?		NO
Are arrangements in place to ensure medical practitioners have a responsible officer?		NO
No, please comment This does not apply to me.		

Lasers/IPL Service

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	YES	
Has the establishment an up to date LPA report?	YES	
Has the establishment an up to date risk assessment undertaken by their LPA?	YES	
Does the establishment have up to date local rules in place?	YES	
Does the establishment have up to date medical treatment protocols in place?	YES	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	YES	
Does the establishment have arrangements in place for a medical support service?	YES	
Does the establishment have a list of authorised users?	YES	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	YES	
Does the establishment have protective eyewear in place, as outlined in the local rules?	YES	
Is the controlled area clearly defined?	YES	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	YES	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	YES	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	YES	
Does the establishment have a laser/IPL safety file in place?	YES	
Does the establishment have a laser/IPL register(s) in place?	YES	
No, please comment		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
Anita Mainie	Anita Mainie	Anita Mainie	Thursday the 8th of January 2015