

Announced Care Inspection Report 3 July 2019



Ashburn Image

**Type of Service: Independent Hospital (IH) –
Cosmetic Intense Pulsed light (IPL) Service**
Address: 1 Woodvale Road, Eglinton, BT47 3AH
Tel No: 028 7181 2369
Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is an Independent Hospital (IH) - IPL Service.

Intense Pulse Light (IPL) equipment:

- Manufacturer: Aculight (machine) Quantum (heads)
- Model: Aculight SA3501000
- Serial Number: 007-04496
- Laser Class: IPL

Laser protection advisor (LPA): Mr Simon Wharmby (Lasersafe)

Laser protection supervisor (LPS): Mrs Rosemary Wright

Medical support services: Dr Ross Martin

Authorised operators: Mrs Rosemary Wright
Ms Amparo de Lamon Ramiro

Types of treatment provided:

- hair removal
- skin rejuvenation
- vascular problems

3.0 Service details

Organisation/Registered Provider: Mrs Rosemary Wright	Registered Manager: Mrs Rosemary Wright
Person in charge at the time of inspection: Mrs Rosemary Wright	Date manager registered: 13 February 2017
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 3 July 2019 from 12:25 to 13:15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

One area for improvement against the standards was identified that the laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Ashley Wright, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 5 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses.

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

During the inspection the inspector met with Mrs Rosemary Wright, registered person and authorised operator, Mr Ashley Wright, manager, and briefly with Ms Amparo de Lamon Ramiro, authorised operator. Mr Wright facilitated the inspection.

The following records were examined during the inspection:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Wright at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 September 2018

The most recent inspection of the establishment was an announced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) (b) Stated: Second time	The registered person shall ensure that medical treatment protocols are reviewed in keeping with the review timescales set by the author.	Met
	Action taken as confirmed during the inspection: Medical treatment protocols were observed to be in place which had been developed by Dr Ross Martin. The protocols are valid to 20 June 2022.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 13.9 Stated: Second time	The registered person shall ensure that a system should be established to ensure that authorised operators have an annual appraisal and records retained.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that the authorised operator had an annual appraisal since the previous inspection. However, the appraisal documentation lacked detail. This was discussed with Mr Wright and suggestions were made as to how to further develop the appraisal record in the future. Mr Wright was also referred to the appraisal template provided by Lasersafe in this regard.	
Area for improvement 2 Ref: Standard 5.1 Stated: Second time	The registered person shall ensure that clients should be consulted in regards to the quality of treatment, information and care received. The client feedback should be collected in an anonymised format, summarised and used by the establishment to make improvements to services. Client feedback reports should be generated on an annual basis.	Met

	<p>Action taken as confirmed during the inspection: Mr Wright confirmed that client satisfaction questionnaires had been provided to 20 clients over a specified time period, however, only two responses were returned. Due to the low response rate Mr Wright did not generate a report but confirmed that he would do so in future, when more responses were received. Suggestions were made to further expand the time period over which questionnaires are distributed. Review of the two questionnaire responses received identified a very high level of satisfaction regarding all aspects of the service.</p>	
<p>Area for improvement 3 Ref: Standard 48.12 Stated: First time</p>	<p>The registered person shall ensure that all authorised operators complete training as outlined in the RQIA training guidance document for cosmetic laser services.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Review of training records evidenced that both authorised operators had completed training as outlined in the RQIA training guidance, with the exception of basic life support training. Documentary evidence was submitted to RQIA by email on 4 July 2019 evidencing that both authorised operators had completed this training on 4 July 2019.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Mr Wright and staff confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

No new authorised operators have been recruited since the previous inspection. Mr Wright confirmed that should authorised operators be recruited in the future they will complete a formal induction programme on commencement of employment.

As discussed previously appraisal is now in place, however, the appraisal documentation lacked detail. This was discussed with Mr Wright and suggestions were made as to how to further develop the appraisal record in the future. Mr Wright was also referred to the appraisal template provided by Lasersafe in this regard.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, infection prevention and control and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance. There was no evidence that basic life support training had been provided since 2016. However, as discussed previously, documentary evidence was submitted to RQIA evidencing that both authorised operators had completed this training on 4 July 2019.

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Mr Wright confirmed that should authorised operators be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure in place.

Safeguarding

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

Mrs Wright was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 20 June 2022.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 21 June 2019, valid to 20 June 2022. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 22 June 2019 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

The environment in which the 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 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. Protective eyewear is available for the client and operator as outlined in the local rules, with the exception of total eye blocking shields for use by the client when treatments are provided on or near the face, as outlined in the local rules. Mr Wright advised that total eye blocking shields had been available and provided assurances that he would look into this. Mr Wright was advised that no treatments should be provided on or near the face until such time as total eye blocking shields were available and he confirmed by phone on 19 July 2019 that these had been located and were actively in use by both authorised operators.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. A laser safety warning sign was fixed to the door of the IPL treatment room. This should only be displayed when the IPL equipment is in use and removed when not in use. An area for improvement against the standards was made in this regard.

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

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 7 March 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators completed training in basic life support on 4 July 2019. 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 Mrs Wright evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available near the treatment room and alcohol gel was available in the treatment room. Adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that dry powder fire extinguishers were available in the treatment room.

Areas of good practice

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

Areas for improvement

The laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

	Regulations	Standards
Areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

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

It was confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations.

Mr Wright advised that on previous discussion with the Information Commissioners Office (ICO), it was confirmed that registration with the ICO was not required as records are retained manually. Mr Wright was advised to check with the ICO if use of a card reader for payments necessitated registration. Mr Wright readily agreed to check this.

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.

Mr Wright confirmed that the establishment has a policy for advertising and marketing.

Staff confirmed that management is approachable and their views and opinions are listened to. It was confirmed that should complaints be received or incidents occur they would be documented and investigated and any learning disseminated to staff.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Mrs Wright regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely.

Client satisfaction surveys are carried out by the establishment on an annual basis. As discussed previously, in the most recent client satisfaction survey only two responses were received, both of which identified very high levels of satisfaction regarding all aspects of the service. Suggestions were made to further expand the time period over which questionnaires are distributed. Mr Wright confirmed he would summarise responses and produce a report of the findings of the next client satisfaction survey, which would be made available to clients and other interested parties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

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

Mr Wright demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mr Wright demonstrated good awareness of complaints management.

Mr Wright 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.

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Mrs Wright demonstrated a clear understanding of her role and responsibility in accordance with legislation. Mr Wright confirmed that the statement of purpose and client’s guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Wright and Mr Wright.

6.9 Client and staff views

Eight clients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaires:

- “Very clean salon. Highly recommended. Professional staff.”
- “Excellent customer care.”
- “A lovely salon, clean and tidy. Staff amazing.”
- “Excellent salon.”
- “Excellent service. Professional staff who are very friendly and explain the treatment fully in advance. Beautiful surroundings which you can relax in.”
- “Amazing salon, excellent staff. Really happy with all my treatments. Always fits in appointments to suit.”
- “Great and friendly staff. Nothing is too much bother.”
- “A very professional salon with top class staff that know exactly what they are doing.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Ashley Wright, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.16 Stated: First time	The registered person shall ensure that the laser safety warning sign is only be displayed when the IPL equipment is in use and removed when not in use. Ref: 6.4
To be completed by: 10 July 2019	Response by registered person detailing the actions taken: The laser safety warning sign has now been replaced with removable sign that is only used when the room is in use.

Please ensure this document is completed in full and returned via Web Portal



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