

Announced Care Inspection Report

31 October 2017



Ashburn Image

Service Type: Intense Pulse Light (IPL)
Address: 1 Woodvale Road, Eglinton, BT47 3AH
Tel No: 02871812369
Inspector: Stephen O'Connor

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 a cosmetic laser service providing treatments using an Intense Pulse Light (IPL) machine.

Intense Pulse Light (IPL) equipment:

- Manufacturer: ESC Sharplan
- 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:

To be appointed

Authorised operators:

Mrs Rosemary Wright

Ms Amparo de Lamon Ramiro

Types of treatment provided:

- hair removal
- skin rejuvenation
- vascular problems
- acne treatment
- pigmentation

3.0 Service details

Organisation/Registered Person: Mrs Rosemary Wright	Registered Manager: Ms 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 31 October 2017 from 10:20 to 12:40.

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

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 relate to the arrangements for managing medical emergencies, clinical records, the environment, infection

prevention and control, effective communication between clients and staff, 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.

One area for improvement against the regulations was made to ensure that medical treatment protocols are reviewed within the timeframe specified by the author. In addition three areas for improvement against the standards were made, one to ensure that authorised operators have an annual appraisal, one to ensure that the adult safeguarding policy is further developed in keeping with best practice guidance and one to ensure that a client feedback report is generated at least on an annual basis.

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

The findings of this report will provide the 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	1	3

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

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

4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 23 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed client questionnaires were also analysed prior to the inspection, no completed staff questionnaire were returned prior to the inspection.

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

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

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- IPL 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 pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent pre-registration care inspection dated 23 November 2016

The most recent inspections of the establishment were announced pre-registration care and premises inspections which were undertaken on 23 November 2016. The completed QIP's were returned and approved by the care and estates inspectors.

6.2 Review of areas for improvement from the last care inspection dated 23 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 39 Schedule 3 Part II 3. (a) (b) (c) Stated: First time	An IPL register must be established. The register must be completed every time IPL treatments are undertaken and include the following information: <ul style="list-style-type: none"> • the name of the person treated • the date • the operator 	Met

	<ul style="list-style-type: none"> the treatment given the precise exposure any accident or adverse incidents 	
	Action taken as confirmed during the inspection: Review of records evidenced that an IPL register has been developed and implemented. The register includes all of the information listed above. Mrs Wright confirmed that the IPL register is updated following IPL treatments.	Met
Area for improvement 2 Ref: Regulation 39 (1) & (2) (d) Stated: First time	The discrepancy noted with the protective eyewear must be discussed with the appointed LPA and the supplier of the protective eyewear and records retained. Any recommendations made by the LPA or supplier must be actioned to ensure that the protective eyewear for use by the operator and clients during IPL treatments must offers the same level of protection as outlined within the local rules. Action taken as confirmed during the inspection: Mr Wright confirmed that the discrepancy with the protective eyewear was discussed with the appointed LPA. The eyewear was returned to the LPA and new protective eyewear issued. It was observed that the protective eyewear available was in keeping with the local rules.	Met
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 48.13 Stated: First time	All support staff not directly involved in the use of the IPL equipment should complete IPL safety awareness training. A record of this training should be maintained. Action taken as confirmed during the inspection: Review of records evidenced that all support staff have completed IPL safety awareness training. Mr Wright confirmed that refresher training will be provided on an annual basis.	Met
Area for improvement 2 Ref: Standard 20.2 Stated: First time	An environment cleaning schedule should be developed. The schedule should detail the frequency of cleaning (daily, weekly, monthly etc), the procedures for the decontamination of the IPL equipment between uses, roles and	Met

	responsibilities of staff and the provision of colour coded equipment to be used in the different designated areas in the establishment. The scheduled should be signed and dated on completion of cleaning duties.	
	Action taken as confirmed during the inspection: Discussion with Mr Wright and review of documentation evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 1.7 Stated: First time	An advertising policy should be developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.	Met
	Action taken as confirmed during the inspection: Mr Wright confirmed that Ashburn Image does not advertise, they rely on word of mouth. Mr Wright confirmed that should they advertise in the future that they will develop an advertising policy.	
Area for improvement 4 Ref: Standard 48.11 Stated: First time	All actions points included in the LPA risk assessment should be addressed. The LPS should sign and date all actions points to confirm they have been addressed and records should be retained for inspection.	Met
	Action taken as confirmed during the inspection: Review of the LPA risk assessment evidenced that all recommendations have been signed and dated and having been addressed with the exception of one, to install hand washing facilities in the IPL treatment room. It was confirmed that hand washing facilities are available in the room adjacent to the IPL treatment room. Mr Wright confirmed that a new LPA has recently been appointed. The newly appointed LPA has issued a risk assessment dated 13 October 2017. Review of this risk assessment evidenced that the recommendations made have been actioned.	

Area for improvement 5 Ref: Standard 8.5 Stated: First time	The establishment should establish if they are required to register with the Information Commissioner's Office in keeping with the Data Protection Act 1988.	Met
	Action taken as confirmed during the inspection: Mr Wright confirmed that following the previous inspection he contacted that Information Commissioner's Office and was advised that the establishment is not required to register.	

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 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.

Mr Wright confirmed that should authorised operators be recruited in the future they will complete a formal induction programme on commencement of employment.

Mr Wright confirmed that authorised operators do not have an annual appraisal. An area for improvement against the standards has been made to address this.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm. It was confirmed that the authorised operators completed basic life support and fire safety training during October 2016 and arrangements are in place for refresher training in these areas.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received IPL 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 will be 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

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 authorised operators had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies lacked detail. Mr Wright confirmed that the establishment does not provide IPL treatments to anyone under the age of 18. The further development of the adult safeguarding policy has been identified as an area for improvement against the standards. The policy should include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Following the inspection a model safeguarding adult policy was forwarded to the establishment. If implemented the model policy should be localised and shared with staff. In addition regional guidance documents as listed below were also forwarded to the establishment for staff reference:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

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 31 October 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 3 September 2016. The medical treatments protocols were due to be reviewed on 2 September 2017. The author of these medical treatment protocols is affiliated with the previously appointed LPA. An area for improvement against the regulations has been made that medical treatment protocols should be reviewed in keeping with the review timescales set by the author. 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 13 October 2017 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL 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.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mr Wright confirmed that IPL safety warning signs are displayed when the IPL equipment is in use and removed when not in use. Mr Wright confirmed that a temporary IPL safety warning sign is in place as the sign used routinely was damaged and that he is in the process of ordering a new IPL safety warning sign.

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.

Management of emergencies

As discussed, authorised operators completed training in basic life support during October 2016 and this is due to be renewed. 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 and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place. Mr Wright confirmed that some areas of the premises were flooded on 28 September 2017. Plans are in place to refurbish the establishment in the coming months.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher was available which has been serviced within the last year.

Mr Wright confirmed that arrangements are in place to ensure that the fire detection system, firefighting equipment, oil fired central heating burner and intruder alarm are serviced routinely. Arrangements are also in place to ensure that portable appliance testing of electrical equipment and that fixed electrical wiring installations are inspected.

It was confirmed that a Close Circuit Television (CCTV) system has been installed. Mr Wright was advised that RQIA have a guidance document entitled 'Guidance on the use of Overt Close Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies' available on the website. Mr Wright was advised to review this guidance document to ensure the CCTV system has been installed in keeping with the guidance document.

Client and staff views

Five clients submitted questionnaire responses. All clients indicated that they felt safe and protected from harm and that they were very satisfied with this aspect of care. Comments provided included the following:

- "The salon is always clean and presentable. The staff all make me feel welcome and I trust Amparo very much to carry out my laser treatment."
- Amparo is highly professional, she explained treatment in detail and all risks associated with this treatment at the consultation, prior to carrying out the IPL therapy."
- "Staff are very welcoming especially Rosemary makes me feel so at ease while getting my treatment done."
- "Excellent in every single way".
- "Amparo always ensures safety over procedure each and every time and practices excellent infection control procedures".

As discussed no completed staff questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

The safeguarding adults policy should be further developed to ensure it fully reflects regional best practice guidance.

The medical treatment protocols should be reviewed in keeping with the review timescales set by the author.

A system should be established to ensure that authorised operators have an annual appraisal and records retained.

	Regulations	Standards
Total number of areas for improvement	1	2

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.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

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.

Staff confirmed that management is approachable and their views and opinions are listened to. Mr Wright confirmed that staff meetings are held on a monthly basis. Mr Wright confirmed that

should complaints be received or incidents occur they would be reviewed to ensure that any learning would be disseminated to staff.

Client and staff views

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

- “Amparo is always there whenever I have any questions regarding my care and listens to any concerns I may have.”
- “Amparo actively seeks feedback on my previous treatment at my next appointment to ensure I am happy with the outcome.”
- “Had IPL previously with another company, did not work, Rosemary was great and was successful this time.”
- “Outstanding level of customer care, high standards maintained at all times.”
- “Amparo only ever carries out the procedure when I need it and advises on after care at each visit.”

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity respect and involvement with decision making

Discussion with the authorised operators 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 in a lockable cupboard in the treatment room.

It was confirmed that a client satisfaction survey has been developed. However, this has not been distributed to clients. All means by which clients provide feedback were discussed with Mr Wright who was advised that the establishment must elicit client feedback and collate a summary report which should be made available to clients and other interested parties. An area for improvement against the standards has been made to address this.

Client and staff views

All five clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All five clients indicated that they were very satisfied with this aspect of their care. The following comments were provided:

- “I feel I am treated with the upmost respect at all times when I am in the salon, and my dignity is valued and protected during my treatments.”
- “Couldn’t ask for better treatment. All aspects of care considered, any questions are answered.”
- “At each visit there is a high level of customer care, dignity and respect as well as involvement are a top priority.”
- “I couldn’t ask for a more dedicated, kind and efficient beautician. I always feel safe and welcomed when in the hands of Amparo.”

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

An anonymised client feedback report should be generated at least on an annual basis. The report should be made available to clients and other interested parties.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Mrs Wright, registered person, is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

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

A copy of the complaints procedure was available in the establishment. Mrs Wright demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with 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.

Discussion with Mrs Wright confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was 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 operators confirmed that they were aware of who to contact if they had a concern.

Mrs Wright, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs 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.

Client and staff views

All five clients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated that they were very satisfied with this aspect of the service. The following comments were provided:

- “Amparo is always able to answer any questions about my treatment or the machinery that I may have and I feel that she is interested in the results of my treatment and she understands its possible impact on my confidence and self-esteem.”
- “Staff are extremely professional and always conduct themselves in a dignified manner, making me feel relaxed when I come to the salon. Super service and excellent results so far.”
- “All staff know my name and are very welcoming when entering the salon. Always striving to achieve the best. “Best salon I have ever been too.”

- “Excellent service provided. I have been a client for over 10 years. Amparo is the most caring, talented and amazing beautician. Ashburn image is at the core of my beauty routine and confidence.”
- “Rosemary always ensures that equipment is serviced and maintained regularly and her premises are both inviting and relaxing on each visit.”

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Ashley Wright, 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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (1) (b) Stated: First time To be completed by: 30 November 2017	The registered person must ensure that medical treatment protocols are reviewed in keeping with the review timescales set by the author. Ref: 6.4
	Response by registered person detailing the actions taken: Our LPA has assured us that our medical protocols are up-to-date and these do not need to be updated in the future.
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 13.9 Stated: First time To be completed by: 31 January 2017	A system should be established to ensure that authorised operators have an annual appraisal and records retained. Ref: 6.4
	Response by registered person detailing the actions taken: An annula appraisal has been undertaken
Area for improvement 2 Ref: Standard 3.1 Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that the policy for the safeguarding and protection of adults at risk of harm is further developed. The policy should include the following: <ul style="list-style-type: none"> • names of identified safeguarding leads • definitions of abuse • types and indicators of abuse • onward referral arrangements including Gateway team contact numbers • documentation of safeguarding concerns • arrangements in respect of refresher training Ref: 6.4
	Response by registered person detailing the actions taken: Any safeguarding concerns are reported to Rosemary Wright and records maintained.
Area for improvement 3	Clients should be consulted in regards to the quality of treatment,

<p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Client feedback is done on a spotcheck basis and client questionnaires are filled out by the clients. any negative comments are acted upon. but as such we have not received any negative comments to date.</p>

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



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