

Announced Care Inspection Report 26 May 2016



The Skin Clinic

Type of service; Cosmetic laser/Intense Pulsed Light (IPL)

Address: 385 Lisburn Road, Belfast, BT9 7EP

Tel No: 028 3756 8632

Inspector: Winnie Maguire

1.0 Summary

An announced inspection of The Skin Clinic took place on 26 May 2016 from 10:00 to 13:30.

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

Is care safe?

Observations made, review of documentation and discussion with Mrs O'Kane, Registered Person and Ms Cheevers, authorised user, demonstrated that further development is needed to ensure that care provided to clients is safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment. A requirement has been made in relation to management of medical emergencies.

Is care effective?

Observations made, review of documentation and discussion with Mrs O'Kane and Ms Cheevers demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs O'Kane and Ms Cheevers demonstrated that arrangements are in place to promote clients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

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

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 0 |

Details of the QIP within this report were discussed with Mrs O’Kane, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: Mrs Grace O’Kane | Registered manager: Mrs Grace O’Kane |
| Person in charge of the establishment at the time of inspection: Mrs Grace O’Kane | Date manager registered: 25 September 2015 |
| Categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources | |

Laser/IPL Equipment

Manufacturer: Ellipse
 Model: Multiflex Plus Laser&IPL
 Serial Number: 14080281
 Laser Class: Class 4 and IPL
 Wavelength: 1064nm

Laser Protection Advisor (LPA) - Ms Anna Bass (Lasernet)

Laser Protection Supervisor (LPS) - Mrs Grace O’Kane

Medical Support Services - Dr Paul Myers (Lasernet)

Authorised Users - Mrs Grace O’Kane
Ms Ruth Cheevers

Types of IPL Treatments Provided - Hair removal
Pigmentation
Rosacea
Acne

Types of Laser Treatments Provided - Fungal nail
Vascular lesions
Thread veins
Leg veins
Port wine stains

3.0 Methods/processes

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

During the inspection the inspector met with Mrs O’Kane, Registered Person who is also an authorised user and Ms Cheevers the other authorised user. A tour of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 April 2015

The most recent inspection of the establishment was a follow up pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

An area to follow up was:

A condition of registration was in place in relation to planning approval for the change of use of the building.

A RQIA estates inspector confirmed evidence of planning approval had been received on 25 May 2016. Following consultation with the senior inspector for Independent Health Care services, it was agreed the condition could now be removed from the service’s registration.

4.2 Review of requirements and recommendations from the last care inspection dated 29 April 2015

| Last care inspection statutory requirements | Validation of compliance | |
|---|---|-------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: Second time</p> | <p>The registered provider must ensure that personnel files are developed for all authorised users and contain all of the information required by schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The service employs one member of staff. This member of staff’s file was reviewed and found to have some of the information required by schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005. Mrs O’Kane explained some information was held in another office. The inspector advised all information should be available within staff personnel files. Copies of the outstanding information was forwarded following inspection.</p> | | |

| | | |
|---|---|---------------------------------|
| Requirement 2 Ref: Regulation 18 (2) (a) Stated: Second time | The registered provider must ensure that evidence of the mandatory training as outlined in the main body of the report is provided to RQIA. | Met |
| | Action taken as confirmed during the inspection: Records confirmed mandatory training had taken place and updates were scheduled. | |
| Requirement 3 Ref: Regulation 15 (2) Stated: Second time | The registered provider must ensure that the protective eyewear available is in line with the specification outlined in the local rules. | Met |
| | Action taken as confirmed during the inspection: Protective eyewear was available in line with the specification outlined in the local rules. | |
| Requirement 4 Ref: Regulation 39 (2) Stated: Second time | The registered provider must ensure that all recommendations made by the LPA are fully addressed, signed and dated by the LPS on completion. | Met |
| | Action taken as confirmed during the inspection: All recommendations made by the LPA have been addressed, signed and dated by the LPS as completed. | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 20 Stated: Second time | The registered provider should develop and implement signed cleaning schedules. | Met |
| | Action taken as confirmed during the inspection: Signed cleaning schedules were in place. | |

4.3 Is care safe?

Laser/IPL Safety

A laser safety file is in place which contains all of the relevant information in relation to laser and 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 in May 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers and revalidated on 4 May 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The establishment's LPA reviewed a risk assessment of the premises on 4 May 2016 and no recommendations were made.

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

When the laser and 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 user, who is suitably skilled to fulfil the role to deputise for the LPS in their absence

The environment in which the laser and IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

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

The establishment has a laser and 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 laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of 18 February 2016 was reviewed as part of the inspection process.

Staffing

Discussion with Mrs O'Kane and Ms Cheevers, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

It was confirmed that laser and IPL treatments are only carried out by authorised users. A register of authorised users for the laser and IPL is maintained and kept up to date. Review of training records evidenced that authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety and safeguarding adults at risk of harm.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Mrs O'Kane confirmed that arrangements are in place for the other authorised user to take part in appraisal on an annual basis.

Recruitment and selection

There have been no authorised users recruited since the previous inspection. During discussion Mrs O'Kane confirmed that should staff 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 is sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Discussion with Mrs O'Kane and Ms Cheevers confirmed they had a good awareness of safeguarding adults at risk of harm and the actions to be taken in the event of a concern being identified. The safeguarding policy was updated following inspection in line with most recent regional guidance.

Management of emergencies

As discussed, authorised users have up to date training in basic life support. Mrs O'Kane is a registered nurse and provides a range of treatments including dermafillers and botox injections, these services are not registrable with RQIA. However in light of the use of injectable products within the establishment, Mrs O'Kane confirmed there is anaphylaxis kit available. On review of the emergency medicines contained within the anaphylaxis kit all were found to be out of date.

A requirement was made to return the out of date medication to the pharmacy and replace the medication immediately and establish and complete a monthly monitoring record of the medication in the anaphylaxis kit thereafter. Mrs O'Kane confirmed the matter would be dealt with immediately.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs O'Kane and Ms Cheevers evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised users have up to date training in infection prevention and control.

Environment

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

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

Client and staff views

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

- “Very professional”
- “Very friendly and informative”
- “Very professional and safe environment”

One member of staff submitted a questionnaire response to RQIA. It indicated that they felt that clients are safe and protected from harm. The member of staff spoken with during the inspection reiterated this. No written comments were provided.

Areas for improvement

A requirement was made to return the out of date medication in the anaphylaxis kit to the pharmacy and replace the medication immediately and establish and complete a monthly monitoring record of the medication in the anaphylaxis kit thereafter.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

Care pathway

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

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

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
- patch test
- record of treatment delivered including number of shots and fluence settings

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.

The establishment has a policy for advertising and marketing which is in line with legislation.

Ms Cheevers confirmed that management is approachable and her views and opinions are listened to.

Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All indicated that they get the right care, at the right time and with the best outcome for them. No written comments were provided.

One submitted staff questionnaire response indicated that they feel that patients get the right care, at the right time and with the best outcome for them. The member of staff spoken with during the inspection reiterated this. No written comments provided.

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mrs O’Kane and Ms Cheevers 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 locked filing cabinet.

The service has been registered with RQIA just over a year and Mrs O’Kane confirmed a client satisfaction survey is to be carried out by the establishment in the coming months and on an annual basis thereafter. A client questionnaire has been devised. The results of the survey will be collated and a summary report will be made available to clients and other interested parties. An action plan will be developed to inform and improve services provided, if appropriate.

Client and staff views

All clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No written comments were provided.

One submitted staff questionnaire response indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. The member of staff spoken with during the inspection reiterated this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Management and governance

There was a clear organisational structure within the establishment and authorised users were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. The authorised user confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements have been developed to facilitate annual staff appraisal. Mrs O Kane has 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. Ms Cheevers was aware of the policies and how to access them.

Discussion with Mrs O’Kane demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mrs O’Kane demonstrated 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 2015 to 31 March 2016.

It was 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 the authorised user confirmed that they were aware of who to contact if they had a concern.

Mrs O’Kane demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was 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.

Discussion with Mrs O’Kane and observation of insurance documentation confirmed that current insurance policies were in place including individual professional indemnity where applicable.

Client and staff views

All clients who submitted questionnaire responses indicated that they feel that the service is well managed.

The following comments were provided:

- “I couldn’t recommend the Skin Clinic enough. Ruth is very professional and always more than happy to answer any questions or queries I have. Overall I’d rate the clinic 10/10”
- “Friendly, approachable and knowledgeable”
- “Well organised and great service”
- “Best advice always given”
- “Overall service is excellent and I would be happy to recommend the Skin Clinic”

One submitted staff questionnaire response indicated that they feel that the service is well led. The member of staff spoken with during the inspection reiterated this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs O’Kane as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

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

| Quality Improvement Plan | |
|--|--|
| Statutory requirements | |
| Requirement 1 | The registered person must return the out of date medication in the anaphylaxis kit to the pharmacy and replace the medication immediately and establish and complete a monthly monitoring record of the medication in the anaphylaxis kit thereafter. |
| Ref: Regulation 15(6) | |
| Stated: First time | |
| To be completed by: 26 June 2016 | Response by registered person detailing the actions taken: All out of date anaphylaxis drugs returned and replaced. Monthly auditing of kit + contents initiated and logged. |

**Please ensure this document is completed in full and returned to RQIA offices*

DRAFT



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