

Announced Care Inspection Report 5 June 2018



The Skin Clinic

**Type of Service: Independent Hospital (IH) - Cosmetic Laser/IPL
Service**

Address: 385 Lisburn Road, Belfast BT9 7EP

Tel No: 028 3756 8632

Inspector: Winnie Maguire

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) providing a Laser/IPL Service.

Laser/IPL equipment

Manufacturer:	Ellipse
Model:	Multiflex Plus Laser&IPL
Serial Number:	14080281
Laser Class:	Class4 and IPL
Wavelength:	1064nm

Laser protection advisor (LPA) – Mr Simon Wharmby

Laser protection supervisor (LPS) – Ms Ruth Cheevers

Medical support services – Dr Paul Myers (to be confirmed)

Authorised operators – Mrs Grace O’Kane, Ms Ruth Cheevers

Types of treatment provided:

IPL - hair removal, pigmentation, rosacea, acne

Laser - fungal nail, vascular lesions

3.0 Service details

<p>Registered organisation/registered person: Mrs Grace O’Kane T/A The Skin Clinic</p>	<p>Registered manager: Mrs Grace O’Kane</p>
<p>Person in charge of the establishment at the time of inspection: Mrs Grace O’Kane</p>	<p>Date manager registered: 25 September 2015</p>
<p>Categories of care: Independent Hospital (IH)</p> <p>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</p>	

4.0 Inspection summary

An announced inspection took place on 5 June 2018 from 9.50 to 13.00.

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 relate to: the arrangements for managing medical emergencies; client records; the environment; infection prevention and control; effective communication between clients and the authorised operator; 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.

Two areas requiring improvement were identified against the regulations in relation to updating the medical treatment protocols and the submitting an application of registration for the new ownership entity.

Clients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in The Skin Clinic. Comments provided included:

- “Very professional service.”
- “First class.”
- “Extremely helpful and friendly.”
- “Treatments have made a difference, so feel better about myself.”
- “Very efficient and puts me at ease.”
- “Best treatments I have had in the health care industry.”
- “Excellent service.”
- “Very clean. Professional. Informative.”

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Grace O’Kane, registered person and authorised operator and Ms Ruth Cheevers, authorised operator, 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 care inspection dated 26 April 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 April 2017.

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

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. There were no completed staff questionnaires submitted to RQIA. However there are only two authorised operators, both of whom were spoken with during the inspection.

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

During the inspection the inspector met with Mrs Grace O’Kane, registered person and authorised operator and Ms Ruth Cheevers, authorised operator.

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 Mrs O’Kane, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2017

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 26 April 2017

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 18(2) amended Stated: First time	The registered person shall ensure that authorised operators undertake update training for infection prevention and control, fire safety and safeguarding of adults at risk of harm.	Met
	Action taken as confirmed during the inspection: Review of training records confirmed that the authorised operators had undertaken update training for infection prevention and control, fire safety and safeguarding of adults at risk of harm.	
Area for improvement 2 Ref: Regulation 21(3) Schedule 3, Part II ,(3) Amended Stated: First time	The registered person shall ensure all laser treatments are fully recorded in the laser/IPL register.	Met
	Action taken as confirmed during the inspection: All laser treatments were found to be fully recorded in the laser/IPL register.	
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 13.3 Stated: First time	The registered person shall devise a staff induction programme.	Met
	Action taken as confirmed during the inspection: A written induction programme was available for inspection.	

Area for improvement 2 Ref: Standard 3.1 Stated: First time	The registered person shall update the adult safeguarding policy and procedure in accordance with the regional 'Adult Safeguarding Prevention and Protection in Partnership' guidance (July2015).	Met
	Action taken as confirmed during the inspection: The adult safeguarding policy and procedure was found to be in accordance with the regional 'Adult Safeguarding Prevention and Protection in Partnership' guidance (July2015).	

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 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/IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser/IPL is maintained and kept up to date.

A review of a completed induction programme evidenced that induction training is provided to new staff on commencement of employment.

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, basic life support, infection prevention and control, fire safety and safeguarding adults at risk of harm.

Discussion with Mrs O'Kane and Ms Cheevers and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

There have been no authorised operators 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

The authorised operators 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 both authorised operators had undertaken safeguarding adult's level 2 training on 15 May 2018.

A policy was in place for the safeguarding and protection of adults 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. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to laser/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 26 May 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 28 March 2017. It was noted that they had expired in March 2018. An area of improvement was identified against the regulations in relation to ensuring that there are current and up to date medical treatment protocols in place for each treatment provided by the laser or IPL equipment.

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/laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 28 May 2018 and all recommendations made by the LPA have been addressed.

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

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

The environment in which the laser/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/IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser/IPL equipment is operated using a keypad. Arrangements are in place for the safe custody of the laser/IPL keypad code 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 equipment is in use and removed when not in use.

The establishment has a laser/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/IPL equipment in line with the manufacturer's guidance. Evidence was provided that arrangements had been made to have the laser/IPL equipment serviced on 23 July 2018.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a managing a medical emergency policy in place.

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 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.

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

Client and staff views

Thirteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care.

RQIA did not receive any completed staff questionnaire responses.

Areas of good practice

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

Areas for improvement

Current and up to date medical treatment protocols, drawn up by a trained and experienced medical practitioner, should be in place for each treatment provided by the Laser or IPL equipment.

	Regulations	Standards
Total number of areas for improvement	1	0

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 laser/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.

The establishment is registered with the Information Commissioners Office (ICO).

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.

Client and staff views

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

RQIA did not receive any staff questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of client records, 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 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 in a locked cabinet.

Client satisfaction surveys are carried out by the establishment on an annual basis. It was confirmed that the most recent survey results are currently being collated to provide a summary report which will be made available to clients and other interested parties. An action plan will be developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

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 and were very satisfied with this aspect of care.

RQIA did not receive any staff questionnaire responses.

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
Total number of 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

In September 2017, RQIA confirmed that the ownership entity of the establishment had changed.

Mrs Grace O’Kane had been registered as a sole provider however RQIA were informed that the establishment was owned by The Skinclinic Belfast Limited. Following a meeting between Mr John O’Kane (director of The Skinclinic Belfast Limited) and RQIA on the matter on 11 September 2017, it was agreed that there was a requirement to submit an application to register The Skinclinic Belfast Limited as the registered provider, with Mr John O’Kane coming forward as the responsible individual and Ms Ruth Cheevers coming forward as the registered manager. Mrs Grace O’Kane was to confirm that she is standing down as registered person and manager.

Despite ongoing contact from RQIA on the matter, an application for registration has not yet been submitted to RQIA. A discussion took place with Mrs O’Kane in relation to the lengthy delay in submitting an application for registration of the new entity. Mrs O’Kane acknowledged the delay and cited mitigating circumstances. It was emphasised that this must be actioned as a priority and detailed advice was provided on the registration process. It was agreed Ms Cheevers would be best placed to move the matter forward and she agreed to contact the RQIA registration team immediately to obtain an application pack.

An area of improvement was identified against The Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003 in relation to submitting an application to register The Skinclinic Belfast Limited as the registered provider, with Mr John O’Kane coming forward as the responsible individual and Ms Ruth Cheevers coming forward as the registered manager. Mrs Grace O’Kane must confirm that she is standing down as registered person and manager.

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

Discussion with the authorised operators demonstrated that arrangements were in place to review risk assessments.

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

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.

There were arrangements 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 O’Kane demonstrated an 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.

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

6.8 Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients were discussed with the authorised operators.

Client and staff views

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

RQIA did not receive any staff questionnaire responses.

Areas of good practice

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

Areas for improvement

An application must be submitted to register The Skinclinic Belfast Limited as the registered provider, with Mr John O’Kane coming forward as the responsible individual and Ms Ruth Cheevers coming forward as the registered manager. Mrs Grace O’Kane must confirm that she is standing down as registered person and manager.

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs O’Kane, registered person and Ms Cheevers, authorised operator 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 laser /IPL service. 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 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).

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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 39 (1) Stated: First time To be completed by: 5 July 2018	The registered person shall ensure that current and up to date medical treatment protocols, drawn up by a trained and experienced medical practitioner, are in place for each treatment provided by the Laser or IPL equipment. Ref: 6.4 Response by registered person detailing the actions taken: Dr Mervyn Patterson signed protocols copies will be emailed to Winnie
Area for improvement 2 Ref: Article 13 (The Order) Stated: First time To be completed by: 5 August 2018	The registered person shall ensure that an application to register The Skinclinic Belfast Limited as the registered provider is submitted to RQIA, with Mr John O’Kane coming forward as the responsible individual and Ms Ruth Cheevers coming forward as the registered manager. Mrs Grace O’Kane must confirm that she is standing down as registered person and manager. Ref: 6.7 Response by registered person detailing the actions taken: Application ongoing

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



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