



The Regulation and
Quality Improvement
Authority

Announced Care Inspection Report 26 April 2017



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

1.0 Summary

An announced inspection of The Skin Clinic took place on 26 April 2017 from 9.50 to 13.30

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL/laser 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 Ms Grace O’Kane, registered person and Ms Ruth Cheevers, authorised operator demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention and control and decontamination and the general environment. Two requirements were made in relation to training and the completion of the laser register and three recommendations were made in relation to devising an induction programme, updating the adult safeguarding policy and procedure and further development of the management of a medical emergency policy.

Is care effective?

Observations made, review of documentation and discussion with Ms 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. One recommendation has been made to register with the Information Commissioner’s Office (ICO).

Is care compassionate?

Observations made, review of documentation and discussion with Ms O’Kane and Ms Cheevers demonstrated that arrangements are in place to promote patients’ dignity, respect and involvement in decision making. However further development in relation to re-establishing the process for obtaining clients’ views will further enhance this domain. A recommendation was made on this matter.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of 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. A number of quality assurance processes were in place. However, issues were identified in relation to training, completion of the laser register, updating policies and procedures, devising an induction programme, registration with the Information Commissioner’s Office (ICO) and re-establishing the client satisfaction survey which all relate to quality assurance and good governance.

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 (DHSPSS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms O’Kane, registered person and Ms 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 May 2016

2.0 Service details

Registered organisation/registered person: The Skin Clinic Ms Grace O’Kane	Registered manager: Ms Grace O’Kane
Person in charge of the establishment at the time of inspection: Ms Grace O’Kane	Date manager registered: 25 September 2015
Categories of care: Independent Hospital (IH) 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: Class4 and IPL
 Wavelength: 1064nm

Laser protection advisor (LPA) – Ms Anna Bass (Lasernet)

Laser protection supervisor (LPS) – Ms Grace O’Kane

Medical support services – Dr Paul Myers (Lasernet)

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

Types of treatment provided:

IPL - hair removal, pigmentation, rosacea, acne

Laser - fungal nail, vascular lesions

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 staff and client questionnaires.

During the inspection the inspector met with Ms Grace O’Kane, registered person and Ms Ruth Cheevers, authorised operator. A tour of the registered premises was also undertaken.

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

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 May 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15(6) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the anaphylaxis kit found all medication to be within date. A record of monthly checks has been established and completed.	

4.3 Is care safe?

Staffing

Discussion with Ms 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.

It was recommended to devise a staff induction programme and advice was given on the content and format.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training and application training for the equipment in use. It was confirmed basic life support training had been arranged in the coming weeks. A requirement was made to undertake update training for infection prevention and control, fire safety and safeguarding of 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 Ms O’Kane and Ms Cheevers confirmed that there are arrangements for annual appraisal in place.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. It was 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 would be sought and retained for inspection.

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

Safeguarding

Ms O'Kane and Ms Cheevers were aware of some types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

It was recommended to update the adult safeguarding policy and procedure in accordance with the regional 'Adult Safeguarding Prevention and Protection in Partnership' guidance (July 2015). There was a copy of the guidance available. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were forwarded to the establishment following inspection for inclusion in the policy and procedure.

As stated previously adult safeguarding training has been included in the requirement in relation to training.

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 23 March 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 24 March 2017. 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 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 1 May 2016 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 operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser/IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Discussion took place regarding the arrangements 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 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 code. Whilst the protective eyewear was available for the client and operator as outlined in the local rules, it was advised to contact the LPA to clarify some minor points. It was confirmed the authorised operator had contacted the LPA following inspection and the matter was fully clarified.

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 IPL 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

It was confirmed when the laser component of the equipment was used these treatments had not been recorded in the laser/IPL register. A requirement was made on this matter.

There are arrangements in place to service and maintain the laser/IPL equipment in line with the manufacturer's guidance. The most recent service report of 18 February 2017 was reviewed as part of the inspection process.

Management of emergencies

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

There was a very brief resuscitation policy in place. It was recommended to re-title the policy as 'Management of a Medical Emergency' and include the following information: training arrangements, provision of equipment, emergency medicines, checking procedures, how to summon help, incident documentation and staff debriefing.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with the authorised operators 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 are required to undertake update 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

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

- "Potential risks and also aftercare carefully explained before and again after treatment."
- "All of the above statements apply."
- "I feel total one hundred percent safe in Ruth's care. She is super professional and she cares. I have been in her and Grace's care for some time now. It's very clean as well."
- "Excellent."
- "All of the above very good."
- "Ruth explained the procedure in detail and answered any questions I had. I was completely confident in her ability."

One member of staff submitted a questionnaire response indicating that they felt that patients are safe and protected from harm and they were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

Areas for improvement

Devise a staff induction programme

Authorised operators must undertake update training for infection prevention and control, fire safety and safeguarding of adults at risk of harm.

Update the adult safeguarding policy and procedure in accordance with the regional 'Adult Safeguarding Prevention and Protection in Partnership' guidance (July2015).

All laser treatments must be fully recorded in the laser/IPL register.

Re-title the resuscitation policy as the 'Management of a Medical Emergency' and include the following information: training arrangements, provision of equipment, emergency medicines, checking procedures, how to summon help, incident documentation and staff debriefing.

Number of requirements	2	Number of recommendations	3
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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/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.

A recommendation was made for The Skin Clinic to register with the 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.

It was confirmed that the management is approachable and the authorised operator's views and opinions are listened to.

Ms O'Kane and Ms Cheevers confirmed that they hold regular meetings to discuss various aspects of the operation of the service. It was suggested to minute these meetings.

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. Twelve clients indicated they were very satisfied with this aspect of their care and two clients indicated they were satisfied. Comments provided included the following:

- "Excellent service and care."
- "Very informative."
- "Excellent."

The submitted staff questionnaire response indicated that they felt that clients get the right care, at the right time and with the best outcome for them and they were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

Areas for improvement

The Skin Clinic should register with the ICO.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Ms 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 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 locked filing cabinet.

A client satisfaction survey had not been carried out by the establishment in the last year. Ms O'Kane and Ms Cheevers explained it was due to a misunderstanding on their part as to the purpose of the client questionnaires furnished to the establishment by RQIA as part of the inspection process. A recommendation was made to re-establish the client satisfaction survey and ensure the results of the survey are collated to provide a summary report which is made available to clients and other interested parties.

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. Twelve indicated they were very satisfied with this aspect of care and two indicated they were satisfied. The following comment was provided:

- "Very professional service."

The 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 and are very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

Areas for improvement

Re-establish the client satisfaction survey and ensure the results of the survey are collated to provide a summary report which is made available to clients and other interested parties.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

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. It was 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 at least a three yearly basis.

Discussion with Ms 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 Ms 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 2016 to 31 March 2017.

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.

Discussion with Ms O'Kane confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Advice was given on developing the quality assurance systems.

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

Ms O'Kane demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

Client and staff views

All clients who submitted questionnaire responses indicated that they felt that the service is well managed. All of the fourteen clients indicated that they were very satisfied that the service was well led. The following comments were provided:

- "Good management."
- "Ruth is extremely professional at all times."
- "Well informed at every appointment."

The submitted staff questionnaire response indicated that they felt that the service is well led and was very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms O'Kane, registered person, 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 the IH-Cosmetic Laser\Intense Pulsed Light service. 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment 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	
<p>Requirement 1</p> <p>Ref: Regulation 18(2) Amended</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered provider must ensure authorised operators undertake update training for infection prevention and control, fire safety and safeguarding of adults at risk of harm.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Gracie O'Kee + Ruth Cheevers currently doing the above courses online will be completed by 26th June + we will send photo evidence of certificates</p>
<p>Requirement 2</p> <p>Ref: Regulation 21(3) Schedule 3, Part II ,(3) Amended</p> <p>Stated: First time</p> <p>To be completed by: 26 April 2017</p>	<p>The registered provider must ensure all laser treatments are fully recorded in the laser/IPL register.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Gracie O'Kee has reviewed book + aware Ruth Cheevers is now recording all treatments fully.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>Devise a staff induction programme.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Devised + sent to Winne Myrnie via email in May 2017.</p>
<p>Recommendation 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>Update the adult safeguarding policy and procedure in accordance with the regional 'Adult Safeguarding Prevention and Protection in Partnership' guidance (July 2015).</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Ruth Cheevers had correspondence with Lasernet, policy + procedure now updated + received May 2017.</p>

<p>Recommendation 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>Re-title the resuscitation policy as the 'Management of a Medical Emergency' and include the following information: training arrangements, provision of equipment, emergency medicines, checking procedures, how to summon help, incident documentation and staff debriefing.</p> <p>Response by registered provider detailing the actions taken: Ruhm Cheevers had correspondence with Listermer, policy + procedure now updated + received May 2017.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2017</p>	<p>The Skin Clinic should register with the Information Commissioner's Office (ICO)</p> <p>Response by registered provider detailing the actions taken: Registered + proof sent to Winnie Maguire via email in May 2017.</p>
<p>Recommendation 5</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2017</p>	<p>Re-establish the client satisfaction survey and ensure the results of the survey are collated to provide a summary report which is made available to clients and other interested parties.</p> <p>Response by registered provider detailing the actions taken: Re-established + made available at reception of The Skin Clinic</p>

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



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