

Inspection Report

9 July 2024



UberSkin

Type of service: Independent Hospital – Cosmetic Laser and Intense Pulse Light (IPL)
Address: 31 Spencer Road, Suite 1, Londonderry, BT47 6AA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Provider: Ubuntu Clinics Ltd t/a UberSkin	Acting Registered Manager: Mr Eldred Julius
Acting Responsible Individual: Mr Eldred Julius	Date registered: Acting manager
Person in charge at the time of inspection: Mr Eldred Julius	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: UberSkin is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following 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. UberSkin provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using the laser and intense pulse light (IPL) equipment that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service:	
Laser equipment (1)	
Manufacturer:	Cynosure
Model:	PicoSure
Serial Number:	PIC 00342
Laser Class:	Class 4
Wavelength:	755nm

Laser equipment (2)

Manufacturer: Cynosure
 Model: Icon
 Serial Number: 25 – 2310
 Laser Class: Class 4
 Wavelength: 1540 nm

The Cynosure Icon laser is a multi-platform laser that is capable of operating as an Intense Pulse Light (IPL) machine by changing the handpiece. An IPL handpiece is used for the delivery of treatments as listed below.

Types of treatment provided using the lasers

- hair removal
- tattoo removal
- vascular problems
- pigmented lesions
- skin rejuvenation
- non-ablative skin resurfacing

Types of treatment provided using the IPL handpiece

- hair removal
- skin rejuvenation
- vascular problems
- pigmented lesions

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 9 July 2024 from 11.00 am to 1.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; safeguarding; laser and IPL safety; infection prevention and control; adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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.

Four areas for improvement were identified against the standards in relation to; authorised operator mandatory training arrangements; provision of the current fire risk assessment; updating of the laser protection advisor's (LPA's) risk assessment and the arrangements for sharing the views and opinions of clients.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Posters were issued to UberSkin by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to UberSkin was undertaken on 22 March 2023; no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mr Julius told us that laser and IPL treatments are carried out by him as the authorised operator. The register of authorised operators for the laser and IPL equipment reflects that Mr Julius is currently the only authorised operator.

No new authorised operators have been recruited since the previous inspection. Mr Julius confirmed that should authorised operators be recruited in the future they will complete an induction programme and records will be retained.

A review of training records evidenced that Mr Julius has up to date training in core of knowledge, safe application training and safeguarding adults at risk of harm in keeping with the RQIA training guidance. Records were not available to evidence that Mr Julius had completed refresher training in fire safety awareness, infection prevention and control (IPC) and basic life support. This was discussed with Mr Julius and following the inspection documentary evidence was submitted to RQIA confirming that Mr Julius had completed fire safety awareness and IPC training. During the inspection Mr Julius confirmed that he had completed refresher training in basic life support, however a record of this training has not yet been provided to RQIA. An area for improvement has been made against the standards to ensure that; mandatory training is completed by any authorised operator within the respective specified time frames; training records are retained and available for inspection and a copy of Mr Julius' basic life support training certificate is provided to RQIA on submission of the QIP.

Addressing the area for improvement will strengthen the staffing arrangements in place to meet the needs of clients and ensure that staff are suitably trained.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

As previously discussed, there have been no authorised operators recruited since the previous inspection. Mr Julius confirmed that should have authorised operators be recruited in the future 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 evidence that job descriptions and induction checklists are available for any new authorised operators upon appointment.

Discussion with Mr Julius confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Mr Julius stated that laser and IPL treatments are not provided to persons under the age of 18 years.

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

Mr Julius was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mr Julius, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

As previously discussed, Mr Julius confirmed that he had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. However, a record of completed basic life support training was not available for review. As stated in section 5.2.1 an area for improvement has been made against the standards in this regard.

There was a written protocol in place for dealing with recognised medical emergencies.

Addressing the area for improvement will strengthen that the service has appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser/IPL treatment room was clean and clutter free. Discussion with Mr Julius 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, it was evidenced that Mr Julius had completed training in IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mr Julius who outlined the measures that taken by UberSkin to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

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.

The fire risk assessment was not available for review. This was discussed with Mr Julius who told us that a fire risk assessor was visiting the premises later the same day to undertake the annual fire risk assessment. It was agreed that a copy of the new fire risk assessment would be provided to RQIA when available. An area for improvement was made against the standards in this regard.

Addressing this area for improvement will strengthen the arrangements in place to maintain a safe environment.

5.2.8 How does the service ensure that laser and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 16 May 2025.

Up to date, local rules were in place which has been developed by the LPA and contained the relevant information about the laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 17 May 2024 and all recommendations made by the LPA have been addressed. However, since completion of the risk assessment the laser and IPL equipment had been relocated to another treatment room. This treatment room was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room can be locked from the inside when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mr Julius was advised to inform the appointed LPA of this change. An area for improvement has been made against the standards in this regard.

Mr Julius told us that laser and IPL procedures are carried out following medical treatment protocols produced by a named registered medical practitioner during June 2024. Systems are in place to review the medical treatment protocols when due in June 2025. The medical treatment protocols contained the relevant information about the treatments being provided.

Mr Julius, as the laser protection supervisor (LPS), has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Mr Julius, as LPS and authorised operator, had signed to state that he had 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.

Mr Julius is aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The Cynosure Icon laser is operated using a key and the Cynosure PicoSure laser is operated using a keypad code. Arrangements are in place for the safe custody of the key and keypad code when not in use. It was evidenced that protective eyewear is available for the client and operator as outlined in the local rules.

UberSkin has three laser registers which are held electronically; one for each laser machine and one for when the IPL handpiece used with the Cynosure Icon laser. The registers are 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 reports of laser machines were reviewed as part of the inspection process.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have.

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 service 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 (GP), with their consent, for further information if necessary.

A sample of client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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 was available which included the creation, storage, recording, retention and disposal of records and data protection.

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

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mr Julius regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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 lockable storage case.

We discussed the arrangements in place for Uberskin to gain feedback from clients on the quality of treatment, information and care received. Mr Julius told us that, upon completion of treatment, each client is verbally asked for feedback, and that this is recorded within the client's treatment record.

Mr Julius was advised that the views of clients should be formally collated in an anonymised format, summarised and made available to clients, service users and other interested parties. Mr Julius provided assurance that the results will be collated to provide an anonymised summary report and made available to clients and other interested parties. An area for improvement has been made against the standards in this regard.

It was determined that arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment. The implementation of a more structured client satisfaction survey process will enhance partnership arrangements with clients.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mr Julius is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mr Julius confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Julius confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mr Julius demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. The statement of purpose and client's guide were available for review and were seen to be up to date.

The RQIA certificate of registration was displayed in a prominent place. Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

5.2.12 Does the service have suitable arrangements in place to record 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 was discussed with Mr Julius. It was demonstrated that the equality data collected was managed in line with best practice.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the QIP were discussed with Mr Eldred Julius, Acting Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.1 and 13.4</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The acting responsible individual shall ensure mandatory training is completed within respective specified time frames by any authorised operator and that training records are retained and available for inspection.</p> <p>A copy of Mr Julius’ basic life support training should be provided to RQIA on submission of this QIP.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Certificate of Basic Life Support has been forwarded to RQIA on 03/09/2024</p>

<p>Area for improvement 2</p> <p>Ref: Standard 24.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The acting responsible individual shall provide a copy of the most recent fire risk assessment to RQIA upon submission of the QIP. The fire risk assessment should include confirmation that any areas identified for action have been addressed.</p> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: Most recent Fire Risk Assessment was forwarded to RQIA on 03/09/2024</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48.11</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The acting responsible individual shall inform their appointed laser protection advisor (LPA) that the laser and IPL equipment have been relocated to a new treatment room and request an updated risk assessment in this regard. The updated risk assessment should be signed by the authorised operator</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: An updated risk assessment was obtained and forwarded to RQIA on 03/09/2024</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The acting responsible individual shall collate the views of clients on an annual basis and collate the result in an anonymised summary report to be made available to clients and other interested parties. An action plan to inform and improve services should be provided, as appropriate.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: An action plan to do anonymous surveys more often is in place in order to do a summary report. This will be used to improve services if appropriate.</p>

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