

Inspection Report

9 October 2024



The Sanctuary Skin Clinic

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
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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

<p>Organisation/Provider: The Sanctuary Skin Clinic</p> <p>Responsible Individual: Mrs Kathy Elliott</p>	<p>Registered Manager: Mrs Kathy Elliott</p> <p>Date registered: 13 September 2021</p>
<p>Person in charge at the time of inspection: Mrs Kathy Elliott</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p>	
<p>Brief description of how the service operates: The Sanctuary Skin Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Laser and IPL equipment Manufacturer: Cutera Model: Xeo Serial Number: XP 17454 Laser Class: 4 Wavelength: 1064 nm</p> <p>IPL with 3 hand pieces (1) Limelight (2) Acutip 500 (3) Prowave LX</p> <p>The Cutera Xeo machine is a multi-platform machine that is capable of operating as a laser and an IPL by changing the hand piece.</p> <p>Types of laser treatments provided: Skin rejuvenation</p> <p>Types of IPL treatments provided: Pigmentation and vascular</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 9 October 2024 from 10.00 am to 1.30pm.

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; laser and IPL safety; management of medical emergencies; infection prevention and control; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality and ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

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

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by The Sanctuary Skin Clinic.

Posters were issued to The Sanctuary Skin Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Two clients submitted responses. Client responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

Two staff submitted questionnaire responses. Staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of client care. One staff response included comments indicating that they were very happy with the working environment and the professional approach of staff.

5.0 The inspection

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

Areas for improvement from the last inspection on 4 October 2023		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 25 (4) (f) Stated: First time	The registered person shall ensure that the fire risk assessment is reviewed annually by someone with appropriate competency to do so. A copy of the fire risk assessment should be provided to RQIA on submission of this QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.12	

5.2 Inspection outcome

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

Mrs Elliott told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Elliott confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL equipment is maintained and kept up to date.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and level one safeguarding adults at risk of harm in keeping with the RQIA training guidance. A level two training certificate for the adult safeguarding lead was not available for review. Mrs Elliot confirmed this training had been completed and following the inspection RQIA received a copy of the training certificate. A training matrix was observed however it had not been updated to reflect the renewal of training undertaken by authorised operators. Advice and guidance was provided to Mrs Elliott in this regard following the inspection RQIA received confirmation that this matter had been addressed.

Mrs Elliott confirmed all other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had received laser safety awareness training.

It was determined that appropriate staffing levels were in place to meet the needs of clients and 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.

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Elliott confirmed that should 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.

Discussion with Mrs Elliott confirmed that she 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?

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

A policy and procedure 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Advice was provided to Mrs Elliott to include the name of the safeguarding lead in the policy and this matter was addressed during the inspection.

Discussion with Mrs Elliott confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

As discussed in section 5.2.1 confirmation that the safeguarding lead had 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, was provided to RQIA following the inspection.

Mrs Elliott was advised to make available for reference a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015). Mrs Elliott addressed this matter during the inspection.

As a result of the actions taken following the inspection, 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?

All authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency. There was a written protocol in place for dealing with recognised medical emergencies.

It was determined that the service had 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 Mrs Elliott 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, all authorised operators had up to date training in IPC.

Mrs Elliott is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

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

5.2.6 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.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.7 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 the Cutera Xeo 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 August 2025.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the Cutera Xeo machine.

The establishment's LPA completed a risk assessment of the premises during September 2024 and all recommendations made by the LPA have been addressed.

Mrs Elliott confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during July 2025. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Elliott, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

When the Cutera Xeo equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the Cutera Xeo equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the Cutera Xeo equipment is in use but can be opened from the outside in the event of an emergency. Mrs Elliott confirmed that all authorised operators were aware that the laser safety warning sign should only be displayed when the Cutera Xeo equipment is in use and removed when not in use.

The Cutera Xeo machine is operated using a key. Arrangements are in place for the safe custody of the key and keypad code when not in use. The protective eyewear available for the client and operator did not appear to be in keeping with the local rules. This matter was discussed with Mrs Elliott who confirmed that the eyewear had not changed since the previous inspection and therefore should be compatible with the multi-platform equipment in use. Mrs Elliott was advised to discuss this matter with the LPA and following the inspection RQIA received a copy of the local rules which had been updated to confirm the client and operator eyewear in use at the clinic.

The Sanctuary Skin Clinic has separate registers in place for recording of laser and IPL treatments.

Mrs Elliott told us that authorised operators complete the relevant section of the register every time the equipment is operated.

The registers reviewed included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

Mrs Elliot was advised to update the laser and IPL registers to include the part of the body treated. Mrs Elliot gave us assurances this matter would be addressed following the inspection. There are arrangements in place to service and maintain the Cutera Xeo equipment in line with the manufacturer's guidance. The most recent service report of the Cutera Xeo equipment was reviewed.

As a result of the action taken following the inspection it was determined that appropriate arrangements were in place to operate the Cutera Xeo equipment.

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

Mrs Elliott confirmed that 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.

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 each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Four 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.

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.

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

Discussion with Mrs Elliott 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.

Mrs Elliott told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. Advice and guidance was provided to Mrs Elliott to collate the results specific to the laser and IPL treatments offered and to provide an anonymised summary report which should be made available to clients and other interested parties. Following the inspection RQIA received a copy of the most recent client satisfaction report dated 9 October 2024 which found that clients were highly satisfied with the quality of treatment, information and care received. Mrs Elliott confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that as a result of the actions taken following the inspection, appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.10 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Elliott was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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. A minor amendment was required to the complaints policy and advice and guidance was provided to Mrs Elliott in this regard. Mrs Elliott addressed this matter during the inspection. Clients were made aware of how to make a complaint by way of the client's guide.

Mrs Elliott is aware that arrangements are required to be 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. Discussion with Mrs Elliott confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Elliott confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Elliott 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](#). Mrs Elliott is aware that arrangements are required to be in place to audit adverse incidents to identify trends and improve service provided.

Mrs Elliott 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 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 Mrs Elliott to assure herself of the quality of the services provided.

5.2.11 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 Mrs Elliott.

5.2.12 Additional areas examined

A fire risk assessment had been undertaken on 8 January 2024 and 24 September 2024 and Mrs Elliott confirmed that this would be reviewed on an annual basis. As a result of these actions, the previous area for improvement 1, made against the regulations and as outlined in section 5.1 has been met. Mrs Elliott is aware that any action points coming out of the risk assessment should be actioned within the specified time frames.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Elliott, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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