

Inspection Report

2 October 2024



Karma Advanced Skincare Nail and Beauty Clinic

Type of service: Independent Hospital - Cosmetic Laser
Address: 115 High Street, Holywood, BT18 9AG
Telephone number: 028 9042 4420

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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: Karma Holywood Ltd</p> <p>Responsible Individual: Mrs Krishna McFadden</p>	<p>Registered Manager: Mrs Krishna McFadden</p> <p>Date registered: 15 February 2023</p>
<p>Person in charge at the time of inspection: Mrs Krishna McFadden</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p>Brief description of how the service operates:</p> <p>Karma Advanced Skincare Nail and Beauty 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.</p> <p>Karma Advanced Skincare Nail and Beauty also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Smart Diode Model: Medi Spa Serial Number: L02 1121 0028 Laser Class: Class 4 Wavelength: 808nm</p> <p>Types of laser treatments provided: Hair removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 2 October 2024 from 10.00 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; authorised operator training; safeguarding; laser 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, 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 Karma Advanced Skincare Nail and Beauty.

Posters were issued to Karma Advanced Skincare Nail and Beauty 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

The last inspection to Karma Advanced Skincare was undertaken on 11 October 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?

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

Mrs McFadden confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser is maintained however not all operators had signed the register and following the inspection, RQIA received confirmation that this matter had been addressed.

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 and safeguarding adults at risk of harm in keeping with the RQIA training guidance. However, it was identified that fire safety awareness training was not up to date for all authorised operators and following the inspection, RQIA received evidence that fire safety awareness training had been completed on 16 October 2024.

All other staff employed at the establishment, but not directly involved in the use of the laser 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.

A review of two personnel files of authorised operators recruited since the previous inspection and discussion with Mrs Mc Fadden confirmed that staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mrs Mc Fadden 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 Mc Fadden stated that laser treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 an adult safeguarding issue arise. Advice was provided to Mrs Mc Fadden to further develop the child safeguarding policy to include details for the local Trust gateway team in the event of a child safeguarding concern and following the inspection, RQIA received confirmation that this matter had been addressed.

Discussion with Mrs Mc Fadden 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.

Review of records demonstrated that Mrs Mc Fadden, 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?

All authorised operators had up to date training in basic life support and Mrs Mc Fadden confirmed that she was 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 treatment room was clean and clutter free. Discussion with Mrs Mc Fadden 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 had up to date training in 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 procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser 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 29 March 2025.

Review of the laser safety documentation identified that the most up to date version of the local rules had not been retained on file. This was discussed with Mrs McFadden who was advised to address this as a matter of urgency with her appointed LPA. Following the inspection, RQIA received confirmation that the LPA had provided a document control certificate dated 25 September 2024 which confirmed that the local rules dated 23 January 2023 did not require to be updated and therefore remain valid until 24 September 2025. Mrs McFadden was advised to ensure that the correct version of the local rules was retained on file and assurances were given that this matter would be addressed. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during March 2024. Review of the risk assessment identified however, that the recommendations made by the LPA had not yet been signed and dated as actioned by the LPS. This was brought to the attention of Mrs Mc Fadden and following the inspection, RQIA received evidence that this matter had been addressed.

Mrs Mc Fadden confirmed that laser 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 March 2025. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Mc Fadden, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. It was evidenced during the inspection that the authorised operators had not signed to state that

they had read and understood the local rules and medical treatment protocols. Advice and guidance was provided to Mrs Mc Fadden regarding this matter and following the inspection, RQIA received confirmation that this matter had been addressed.

When the laser 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 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 laser equipment is in use but can be opened from the outside in the event of an emergency. Mrs Mc Fadden was 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 laser is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use.

Protective eyewear is available for the client and operator as outlined in the local rules with the exception of glass eyewear, which was not available. Advice and guidance was provided to Mrs McFadden to contact her appointed LPA regarding this matter. Following the inspection, RQIA received confirmation that the local rules would be updated to remove reference to the glass eyewear and that the updated Local Rules would be retained on file.

Karma Advanced Skincare Nail and Beauty Clinic has a laser register. It was confirmed the register is completed every time the equipment is operated. The register reviewed included:

- 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 equipment in line with the manufacturer's guidance. The most recent service report of the laser was reviewed.

As a result of the actions taken following the inspection, it was determined that appropriate arrangements are in place to operate the laser 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 Mc Fadden 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 the laser procedure provided. 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.

Two 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 Mc Fadden 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 Mc Fadden told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Mrs Mc Fadden confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated December 2023 found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that 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 clinic, 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 Mc Fadden 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 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 clients 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.

Mrs Mc Fadden confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Mc Fadden confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Mc Fadden 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.

Mrs Mc Fadden demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Mc Fadden 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 the responsible individual to assure themselves 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 Mc Fadden

5.2.12 Additional areas examined

A review of the fire risk assessment identified that it had not been reviewed annually. Advice and guidance was provided to Mrs Mc Fadden and following the inspection RQIA received evidence confirming that the fire risk assessment had been reviewed and signed and dated as actioned.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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