



The Regulation and  
Quality Improvement  
Authority

Beauty Haven  
RQIA ID: 10639  
161 Stranmillis Road  
Belfast  
BT9 5AJ

Inspector: Jo Browne  
Inspection ID: IN022113

Tel: 028 9066 6628

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**Announced Care Inspection  
of  
Beauty Haven**

**10 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 15 October 2015 from 10.00 to 12.00. On the day of inspection the standards inspected were found to be safe, effective and compassionate. Additional areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments, July 2014.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

The details of the QIP within this report were discussed with Mrs Hilary Harper-Lowry, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Hilary Harper-Lowry	<b>Registered Manager:</b> Mrs Hilary Harper-Lowry
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mrs Hilary Harper-Lowry	<b>Date Manager Registered:</b> 21 January 2008
<b>Categories of Care:</b> PT(IL) - Prescribed techniques or prescribed technology: Establishments using intense light sources	

**IPL Equipment**

Manufacturer: Danish Dermatologic Development  
 Model: Ellipse Light SPT  
 Serial Number: 05050442

**Laser Protection Advisor (LPA) –** Mr Philip Loan

**Laser Protection Supervisor (LPS) –** Mrs Hilary Harper-Lowry

**Medical Support Services –** Dr Julian Handley

**Authorised Users –** Mrs Hilary Harper-Lowry, Ms Keri Patton, Ms Emma Gilmore and Ms Rebecca Hutton

**Types of Treatment Provided –** Hair removal, skin rejuvenation and treatments for facial thread veins

**3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mrs Hilary Harper-Lowry, registered person.

The following records were examined during the inspection:

- Six client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 8 September 2014. No requirements or recommendations were made during this inspection.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 8 September 2014

As above.

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion regarding the consultation and treatment process with Mrs Harper-Lowry confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely.

#### Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

#### Is Care Compassionate?

Discussion with Mrs Harper-Lowry and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Standard 5 – Patient and Client Partnership

#### Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

## Is Care Effective?

Beauty Haven obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and 39 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

Some comments from clients included:

“Everything excellent.”

“It’s great.”

“The staff are unfailingly professional and they adequately prepare for and explain treatments.”

“Great service, very professional and friendly. Results of laser good so far. Very pleased.”

“Excellent service and very professional.”

“The salon and therapists always deliver 110%, I couldn’t recommend the salon more!”

“Very happy with the service, find staff very friendly.”

Clients can also leave online feedback regarding the treatments they receive and Mrs Harper-Lowry was advised to amalgamate this information into the client feedback summary report.

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the reception area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by Mrs Harper-Lowry and an action plan is developed and implemented to address any issues identified.

## Is Care Compassionate?

Review of care records and discussion with Mrs Harper-Lowry confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Standard 7 – Complaints

### Is Care Safe?

Review of complaint records and found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with Mrs Harper-Lowry confirmed that information from complaints is used to improve the quality of services.

### **Is Care Effective?**

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Mrs Harper-Lowry demonstrated a good understanding of complaints management.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

The complaints procedure is contained within the Client Guide; copies of which are available for clients to read.

### **Is Care Compassionate?**

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

The complainant is notified of the outcome and action taken by the establishment to address any concerns raised.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.6 Standard 48 - Laser and Intense Light Sources**

### **Is Care Safe?**

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.

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.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Julian Handley on 8 September 2015. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocol sets out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 29 September 2015.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 24 September 2015 and no recommendations were made.

The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

The environment in which the IPL 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.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a keypad. Arrangements are in place for the safe custody of the keypad codes when not in use.

### **Is Care Effective?**

The establishment has an IPL register which is completed every time the equipment is operated and includes:

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

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)

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 25 July 2015 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

### **Is Care Compassionate?**

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 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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.7 Additional Areas Examined**

### **5.7.1 Management of Incidents**

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA in relation to the IPL equipment only. However this should be further developed to include other types of incidents and Mrs Harper-Lowry was advised to obtain a copy of the RQIA guidance on notifiable events. A revised incident policy was received by RQIA via email on 21 October 2015.

One complaint reviewed should have been reported to RQIA as an incident. Mrs Harper-Lowry agreed to retrospectively report this incident.

### **5.7.2 RQIA registration and Insurance Arrangements**

Discussion with Mrs Harper-Lowry regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

### **5.7.3 Registration Issues**

Beauty Haven has recently become a limited company and therefore an application must be submitted to RQIA to register the new business entity.

### **5.7.4 Access NI**

In the pre-inspection information submitted Mrs Harper-Lowry indicated that an AccessNI enhanced disclosure had not been undertaken for an authorised user as they did not treat children or vulnerable adults. In line with the legislation, all authorised users recruited following registration with RQIA must have an enhanced AccessNI disclosure undertaken prior to commencing employment. Advice was given on how to obtain an enhanced disclosure check using an umbrella body and Mrs Harper-Lowry was directed to the AccessNI website for further information. Mrs Harper-Lowry agreed to obtain an enhanced AccessNI certificate for the identified member of staff.

### **Areas for Improvement**

Ensure all incidents are reported to RQIA in line with the legislation and guidance.

An application must be submitted to RQIA to register Beauty Haven Limited.

Ensure that all authorised users employed following registration have an AccessNI enhanced disclosure undertaken prior to commencing employment.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Harper-Lowry 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Independent Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (1) (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 October 2015	The registered person must ensure that all incidents are reported to RQIA in line with the legislation and RQIA guidance.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>  An incident policy has been put in place.		
<b>Requirement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 November 2015	The registered person must submit an application to register Beauty Haven as a limited company with RQIA.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All relevant paperwork required for registration of Beauty Haven as a limited company is ready for submission, I have asked advice of my local MLA and am awaiting response before I submit application. I have agreement from RQIA to await response.		
<b>Requirement 3</b>  <b>Ref:</b> Regulation 19 (2) (d)  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 October 2015	The registered person must ensure that all authorised users have an enhanced AccessNI disclosure undertaken prior to commencing employment.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Access NI checks have been undertaken for a member of staff as discussed at inspection and RQIA inspector informed, any new employees going forward will have an access NI disclosure undertaken prior to commencing employment.		
<b>Registered Manager Completing QIP</b>	Hilary Harper Lowry	<b>Date Completed</b>	02/11/15
<b>Registered Person Approving QIP</b>	Hilary Harper Lowry	<b>Date Approved</b>	02/11/15
<b>RQIA Inspector Assessing Response</b>	Jo Browne	<b>Date Approved</b>	09/12/15

*\*Please ensure the QIP is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**