

# Announced Care Inspection Report 24 January 2017



## The Cottage Health and Beauty Spa

**Type of Service: Cosmetic Independent Hospital (IH) - Intense Pulse  
Light (IPL) Service**

**Address: 7 Old Moy Road, Dungannon, BT71 6PS**

**Tel No: 028 8775 3378**

**Inspector: Emily Campbell**

## 1.0 Summary

An announced inspection of The Cottage Health and Beauty Spa took place on 24 January 2017 from 9:50 to 11:55.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the cosmetic laser intense pulse light (IPL) 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 Mrs Alison Blair, registered person 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 control and decontamination and the general environment. One requirement has been stated for the second time in relation to core of knowledge, safe use and application of the IPL equipment and basic life support training. Four recommendations have been made in relation to the review of medical treatment protocols and the local rules, the provision of mandatory training and the arrangements for adult safeguarding.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Blair 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. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mrs Blair demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that in general there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. However, there has been a change of ownership of the establishment in October 2016 which was not notified to RQIA. 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 requirement was made that that application for registration under the new entity is submitted to RQIA 24 February 2017.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Alison Blair, registered person, 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 9 March 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mrs Alison Blair	<b>Registered manager:</b> Mrs Alison Blair
<b>Person in charge of the home at the time of inspection:</b> Mrs Alison Blair	<b>Date manager registered:</b> 09 February 2009
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### IPL Equipment

Manufacturer: Energist  
 Model: Energist Ultra Plus VPL System  
 Serial Number: P02087  
 Laser Class: IPL

### Laser Protection Advisor (LPA)

Mr Philip Loan

### Laser Protection Supervisor (LPS)

Mrs Alison Blair

**Medical Support Services**

Dr Maria Gonzales

**Authorised Users**

Mrs Alison Blair

**Types of Treatment Provided:**

- Hair removal
- Skin rejuvenation
- Vascular blemishes
- Fine thread veins

**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 client questionnaires. No staff questionnaires were completed as Mrs Blair is the only authorised user in the establishment.

During the inspection the inspector met with Mrs Alison Blair, registered person and authorised user. A tour of the 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 09 March 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 09 March 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	The registered person must ensure that the following authorised user training is updated: <ul style="list-style-type: none"> <li>• core of knowledge</li> <li>• safe use and application of the IPL equipment</li> <li>• basic life support</li> </ul>	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mrs Blair confirmed that this requirement had not been addressed. Mrs Blair advised that the establishment came under new ownership on 1 October 2016 and the new owners have arranged for core of knowledge and safe use and application of the IPL equipment training to be provided on 28 February 2017.  This requirement has been stated for the second time.  The need for registration of the establishment by the new management is discussed further in section 4.6 of the report.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 48.10 <b>Stated:</b> First time	The record of treatment given including the precise exposure at each session should be recorded in the client record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of five client's records evidenced that this recommendation has been addressed.	

## 4.3 Is care safe?

### Staffing

Mrs Blair confirmed that IPL treatments are carried out by her as the authorised user. The register of authorised users for the IPL reflects that Mrs Blair is the only authorised user.

It was confirmed that if any new authorised users were recruited they would be provided with induction training.

Authorised users are required to complete training in core of knowledge and the safe use and application of the IPL equipment every five years and mandatory basic life support training annually. A requirement was made in this regard during the previous inspection. Review of training records evidenced that this training remains overdue and the requirement has been stated for the second time. Mrs Blair advised that core of knowledge and safe use and application of the IPL equipment training will be provided on 28 February 2017.

Review of the training records also confirmed that the authorised user had not completed fire safety awareness and infection prevention and control training in line with RQIA guidance. A recommendation has been made in this regard.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had not received laser safety awareness training. However, Mrs Blair confirmed by email on 24 January 2017 that this had been provided on the afternoon of the inspection.

### **Recruitment and selection**

There have been no authorised users recruited since the previous inspection. During discussion Mrs Blair confirmed that should staff be recruited in the future robust systems and processes will be 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.

### **Safeguarding**

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

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). An electronic copy was forwarded to Mrs Blair on 25 January 2017, together with onward referral details should an adult safeguarding issue arise. A recommendation was made to update the establishment's adult safeguarding policy in accordance with the information forwarded and to ensure the updated policy is signed as read and understood by authorised users.

Mrs Blair confirmed the IPL service is not provided to persons under the age of 18 years.

### **IPL safety**

A laser safety file was in place which contained all of the relevant information in relation to 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 31 March 2017.

Laser procedures are carried out by the authorised user in accordance with medical treatment protocols produced by Dr Maria Gonzales on 12 December 2015. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

The medical treatment protocols were last updated on 12 December 2015, however, these were not signed by the medical support officer. A recommendation was made in this regard.

Local rules were in place which have been developed by the LPA and contained the relevant information pertaining to the IPL equipment being used. The local rules were dated 10 April 2015 and had a review date of April 2016 identified. There was no evidence to confirm the local rules had been reviewed. A recommendation was made in this regard.

The establishment's LPA completed a risk assessment of the premises on 19 March 2015 and no recommendations were made.

Mrs Blair is the laser protection supervisor (LPS) and has overall responsibility for safety during laser treatments. Mrs Blair is recorded as the only authorised user and has signed to state that she has read and understood the local rules and medical treatment protocols.

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

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 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 key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

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 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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service and calibration of the IPL machine was dated 28 September 2016 and is valid for 12 months.

### **Management of emergencies**

Discussion with Mrs Blair confirmed she was aware of what action to take in the event of a medical emergency. As discussed previously, a requirement was stated for the second time that training in basic life support should be provided.

There was a resuscitation policy in place.

## **Infection prevention and control and decontamination procedures**

The treatment room was clean and clutter free. Discussion with Mrs Blair 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, a recommendation was made that authorised users have up to date 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 water and carbon dioxide (CO<sub>2</sub>) fire extinguisher were available. These had not been serviced since 6 August 2015; however, Mrs Blair confirmed by email on the afternoon of the inspection that arrangements had been established for these to be serviced the following week.

Mrs Blair advised that portable appliance testing has recently been carried out and she is awaiting certification in this regard.

## **Client views**

Fourteen clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- “Alison is very re-assuring before and during the process. Alison is very approachable, I clearly understood everything. 10/10 for cleanliness and hygiene.”
- “Protective eyewear is always provided and worn. The environment is spotless!”
- “Beauty rooms are always clean and warm during treatments.”
- “The environment is always clean and well maintained.”
- “The Cottage provides a very professional service and I never have any concerns.”

No staff questionnaires were completed as Mrs Blair is the only authorised user in the establishment.

## **Areas for improvement**

Authorised user training must be updated in relation to core of knowledge, safe use and application of the IPL equipment and basic life support.

Authorised user training should be undertaken in respect of fire safety and infection prevention and control.

Update the establishment’s adult safeguarding policy in accordance with the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) and include onward referral details should an adult safeguarding issue arise; the updated policy should be signed as read and understood by the authorised users.

Medical treatment protocols dated 12 December 2015 should be signed by the medical support officer.

The local rules should be reviewed and arrangements established to ensure they are reviewed in the future in line with the review date as identified by the LPA.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	4
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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 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.

Five 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.

The establishment was not registered with the Information Commissioners Office (ICO), however, Mrs Blair confirmed by email on the afternoon of the inspection that this had been applied for.

##### 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.

**Client 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. The following comments were provided:

- “The outcome of my laser treatment has been great, met all my expectations and beyond.”
- “There is constant monitoring and feedback to ensure that I am happy with how treatment is progressing. Alison is very knowledgeable and honest in her feedback on how she feels treatments are going.”
- “We always plan ahead for my treatments so I get an available slot at a time that works for me.”
- “Thorough explanation given on laser hair removal and the chance that it may not be successful due to my colouring and hormonal condition.”
- “My treatment plan is providing me with great results.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

**Dignity respect and involvement with decision making**

Discussion with Mrs Blair 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 user 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 and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate. The summary of the most recent client satisfaction survey was on display in the waiting area.

**Client 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. The following comments were provided:

- “Treated with dignity and respect at all times. Alison always asks during treatment how I feel.”

- “Arriving for laser treatment could appear as embarrassing that I require same, however, Alison always offers a warm greeting and offering privacy that my treatment is unknown until we are in designated room.”
- “Very sympathetic to any concerns that I may have and offer honest and very compassionate advice.”
- “Excellent client care at all times.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

**Management and governance**

Mrs Blair advised at the commencement of the inspection that she had sold the business on 1 October 2016; this was not notified to RQIA. As this represents a new entity, a new application for registration must be submitted to RQIA. In addition, an application for registered manager must also be submitted as the new ownership is a limited company. A requirement was made in this regard. The inspector spoke with Mr O’Kane, one of the new owners of the establishment, on the afternoon of the inspection and explained in detail the registration process. The application forms for registration with RQIA were emailed to Mr O’Kane on the same day. A full and complete application for registration should be submitted by 24 February 2017.

Mrs Blair is the only authorised user in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Mrs Blair confirmed these were reviewed on an annual basis.

Discussion with Mrs Blair demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Blair demonstrated a 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 2015 to 31 March 2016.

Discussion with Mrs Blair confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since the previous inspection. 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 Mrs Blair confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available. Discussion with Mrs Blair confirmed that she was aware of who to contact if she had a concern, under the new ownership arrangements.

Mrs Blair did not demonstrate a clear understanding of her role and responsibility in accordance with legislation; as discussed RQIA were not notified regarding the change of ownership and a requirement was made in this regard. The previous QIP response was not submitted within the specified timeframe; this was discussed with Mrs Blair and it was stressed that information requested should be submitted within specified timeframes. Advice was given to ensure 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 appropriately. A new certificate of registration will be provided on approval of registration under the new ownership.

Observation of insurance documentation confirmed that current insurance policies were in place.

**Client views**

All clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- “Anytime I visit The Cottage I am always very satisfied with the care and service I have received.”
- “Overall excellent service.”
- “All staff at Cottage are approachable and provide a great service. I have recommended them to others.”
- “The service is faultless – I have recommended The Cottage for laser services to several friends as I am very happy with the service.”
- “Very well run establishment, keeping to times and availability of appointments is excellent. Some recent changes were also thoroughly discussed with me.”
- “Very knowledgeable therapists who are genuinely interested in how the treatment is working for me.”

**Areas for improvement**

Application for registration with RQIA must be submitted under the new entity.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	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 Mrs Alison Blair, 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 IPL 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 [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) 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.

24 MAR 2017

## Quality Improvement Plan

IMPROVEMENT AUTHORITY

## Statutory requirements

## Requirement 1

Ref: Regulation 18 (2)  
(a)Stated: Second  
timeTo be completed by:  
7 March 2017

The registered person must ensure that the following authorised user training is updated:

- core of knowledge
- safe use and application of the IPL equipment
- basic life support

**Response by registered provider detailing the actions taken:**

Core of knowledge is purchased with LCS Academy Ltd. A date for the online course will be set at the registered managers earliest convenience. receipt no: 6GK32177XJ523662H. Basic life support will be booked and carried out at the earliest convenience of the registered manager.

## Requirement 2

Ref: Regulation 13  
The Health and  
Personal Social  
Services (Quality,  
Improvement and  
Regulation) (Northern  
Ireland) Order 2003

Stated: First time

To be completed by:  
24 February 2017

The registered provider must ensure that application for registration under the new entity is submitted to RQIA along with the associated fees.

As the new ownership is a limited company, an application and the associated fee for registered manager must also be submitted.

**Response by registered provider detailing the actions taken:**

A new application of registration for new business entity is currently being completed by John & Grace O'Kane for submission at their earliest convenience.

## Recommendations

## Recommendation 1

Ref: Standard 13.1

Stated: First time

To be completed by:  
24 March 2017

Authorised user training should be undertaken in respect of fire safety and infection prevention and control.

**Response by registered provider detailing the actions taken:**

Fire safety and and infection control courses are purchased from CPD Certified Service. Date will be booked and carried out at earliest convenience of registered manager.

## Recommendation 2

Ref: Standard 3.1

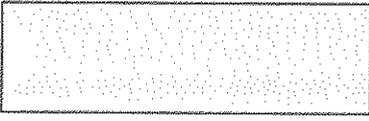
Stated: First time

To be completed by:  
24 March 2017

Update the establishment's adult safeguarding policy in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and include onward referral details should an adult safeguarding issue arise; the updated policy should be signed as read and understood by the authorised users.

**Response by registered provider detailing the actions taken:**

Safeguarding policy in accordance with regional guidance will be written into the Cottage policies & procedures. Forwarding appropriate

	regional establishments will be listed in the policy in preparation for the event of concern about a client.
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<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 48.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 February 2017</p>	<p>Medical treatment protocols dated 12 December 2015 should be signed by the medical support officer.</p> <p><b>Response by registered provider detailing the actions taken:</b> Signed and dated medical protocols have been requested from Energists Expert Medical Parctitioner.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 48.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 February 2017</p>	<p>The local rules should be reviewed and arrangements established to ensure they are reviewed in the future in line with the review date as identified by the LPA.</p> <p><b>Response by registered provider detailing the actions taken:</b> The new owners seeking registration have agreed to keep the current LPA contract in place for future LPA services. Contract will be renewed for 2017/2018 in April/May 2017</p>

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



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