

Announced Care Inspection Report 15 March 2017



Woodford Medical Ltd

Type of Service: Independent Hospital (IH) – Cosmetic intense pulsed light (IPL) and private doctor service.

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Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Woodford Medical Ltd took place on 15 March 2017 from 9.45 to 12.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL service and private doctor 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 Dr Mervyn Patterson, registered manager and Ms Kerry Blain, authorised operator 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. Four recommendations were made in relation to updating the recruitment and selection policy, the adult safeguarding policy, the resuscitation policy and completing the opening date on the sharps box.

Is care effective?

Observations made, review of documentation and discussion with Dr Patterson and Ms Blain and staff 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. A recommendation was made to ensure consent forms are appropriately signed and dated.

Is care compassionate?

Observations made, review of documentation and discussion with Dr Patterson and Ms Blain 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. 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 number of quality assurance processes were in place. However, issues were identified in relation to 'is care safe' domain and 'is care effective' domain which all relate to quality assurance and good governance. Four further recommendations were made in respect of amendments to the accident reporting policy, the complaints procedure, the client guide and the role of the registered person. Addressing the recommendations made will further enhance the quality and governance arrangements in place.

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
Total number of requirements and recommendations made at this inspection	0	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Patterson, registered manager, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Woodford Medical Ltd Dr Hilary Allan	Registered manager: Dr Mervyn Patterson
Person in charge of the establishment at the time of inspection: Dr Mervyn Patterson	Date manager registered: 26 January 2016
Categories of care: Independent Hospital (IH) PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources, PD private doctor.	

IPL equipment

Manufacturer: Palomar
Model: Starlux 500 IPL
Serial Number: 55-0209

Laser protection advisor (LPA) - Mr Godfrey Town

Laser protection supervisor (LPS) – Dr Mervyn Patterson

Medical support services – Dr Mervyn Patterson

Authorised operators - Dr Mervyn Patterson, Ms Kerry Blain

Types of treatment provided – Photo rejuvenation, Epilation (hair removal)

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 staff and client questionnaires.

During the inspection the inspector met with Dr Patterson, registered manager and Ms Blain, authorised operator. 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 18 February 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 February 2016

As above

4.3 Is care safe?

Staffing

Discussion with Dr Patterson and Ms Blain, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have up to date training or have training scheduled in the coming weeks for core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Ms Blain and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

A review of private doctor's details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion it was confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

A recruitment policy and procedure was in place. A recommendation was made to update the policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Safeguarding

A basic policy is in place for adult safeguarding. The establishment also had a copy of 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Review of the adult safeguarding policy indicated that it needs to be updated to ensure it fully reflects the above most recent regional policy and guidance documents issued during July 2015. A recommendation has been made to address this and to ensure all staff sign they have read and understood the updated policy.

After the inspection the relevant contact details for onward referral was forwarded by electronic mail to the establishment.

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 12 January 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Patterson on 21 February 2017. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises in January 2017 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have 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 doors to the treatment room are 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 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

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 18 January 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place and a recommendation was made to re-name the policy as management of medical emergencies and include arrangements for training, incident documentation and debriefing.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Blain 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 have up to date training in infection prevention and control.

It was noted a sharps box did not have the opening date completed and a recommendation was made on this matter.

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 a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Client and staff views

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

- "Kerry made me feel at ease"
- "Kerry is very professional and I feel very safe in her care"

One member of staff submitted a questionnaire response and indicated that they felt that patients are safe and protected from harm. No comments were included in the submitted staff questionnaire response.

Areas for improvement

Update the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Update the adult safeguarding policy to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign they have read and understood.

The resuscitation policy should be re-named as the management of medical emergencies and include the arrangements for training, incident documentation and debriefing.

Details on sharps boxes should be completed including the opening date.

Number of requirements	0	Number of recommendations	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.

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)

It was noted that the consent form was not signed or dated by the client or the authorised operator, on two occasions. A recommendation was made on this matter.

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 is registered with the Information Commissioners Office (ICO).

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.

It was confirmed that management is approachable and staff views and opinions are listened to.

Client and staff views

All of the 14 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response indicated that they felt that clients get the right care, at the right time and with the best outcome for them. No comments were included in the submitted questionnaire response.

Areas for improvement

The consent form should be signed and dated by the client and the authorised operator.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Dr Patterson and Ms Blain 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 operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets 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.

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:

- “Very informed consultation and great result. Staff very friendly. Was made to feel very special”
- “Informative and friendly. 10 years younger”
- “Great experience, wonderful staff”
- “Excellent all round”
- “No hassle, no bruises, fantastic”
- “Professional and slick service”
- “Very professional service”

Client and staff views

All of the 14 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 comment was provided:

- “Very happy with the outcome”

The submitted staff questionnaire response indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in the submitted questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance

Discussion took place in relation to the current organisational structure within the establishment. It was confirmed Dr Hilary Allan, the registered person, no longer has any direct contact with Woodford Medical Ltd in Belfast. Dr Patterson agreed to review the matter and confirm the arrangements to ensure the role of registered person is fully in line with the legislation. A recommendation was made on this matter. Dr Patterson continues to have overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Dr Patterson demonstrated that arrangements were in place to review risk assessments including health and safety, fire risk and control of substances hazardous to health (COSHH).

A copy of the complaints procedure was displayed in the establishment. A recommendation was made to amend the complaints procedure to reflect RQIA's role as a regulator only in relation to complaints management. Discussion with Dr Patterson demonstrated 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.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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. A recommendation was made to amend the accident reporting policy to include the reporting arrangements to RQIA.

Discussion with Dr Patterson and Ms Blain confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. It was recommended to include details of the organisation Public Concern at Work in the workers concern policy. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Dr Patterson demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose is kept under review, revised and updated when necessary and available on request. It was recommended the client guide is updated to include details of how to access the most recent RQIA report.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Client and staff views

All of the 14 clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- "Excellent service, Kerry is lovely"
- "Excellent professional service, very happy"

The submitted staff questionnaire response indicated that they felt that the service is well led. No comments were included in the submitted questionnaire response.

Areas for improvement

Amend the complaints procedure to reflect RQIA's role as a regulator only in relation to complaints management.

Amend the accident reporting policy to include the reporting arrangements to RQIA.

Include details of the organisation Public Concern at Work in the workers concern policy.

Update the client guide to include details of how to access the most recent RQIA report.

Number of requirements	0	Number of recommendations	4
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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 Dr Mervyn Patterson, registered manager, 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 intense pulsed light service and private doctor 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 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.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 14.1 Stated: First time To be completed by: 15 June 2017	Update the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Response by registered provider detailing the actions taken: The policy has been updated.
Recommendation 2 Ref: Standard 3 Stated: First time To be completed by: 15 April 2017	Update the adult safeguarding policy to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign they have read and understood. Response by registered provider detailing the actions taken: The policy has been updated.
Recommendation 3 Ref: Standard 18.1 Stated: First time To be completed by: 15 June 2017	The resuscitation policy should be re-named as the management of medical emergencies and include the arrangements for training, incident documentation and debriefing. Response by registered provider detailing the actions taken: : The policy has been updated.
Recommendation 4 Ref: Standard 22.15 Stated: First time To be completed by: 15 April 2017	Details on sharps boxes should be completed including the opening date. Response by registered provider detailing the actions taken: All relevant staff have been made aware of the correct procedures to follow.
Recommendation 5 Ref: Standard 2.3 Stated: First time To be completed by: 15 April 2017	The consent form should be signed and dated by the client and the authorised user. Response by registered provider detailing the actions taken: All relevant staff have been made aware of the correct procedures to follow.

<p>Recommendation 6</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2017</p>	<p>Amend the complaints procedure to reflect RQIA's role as a regulator only in relation to complaints management.</p> <hr/> <p>Response by registered provider detailing the actions taken: The policy has been updated.</p>
<p>Recommendation 7</p> <p>Ref: Standard 9.9</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2017</p>	<p>Amend the accident reporting policy to include the reporting arrangements to RQIA.</p> <hr/> <p>Response by registered provider detailing the actions taken: The policy has been updated.</p>
<p>Recommendation 8</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2017</p>	<p>Include details of the organisation, Public Concern at Work in the workers concern policy.</p> <hr/> <p>Response by registered provider detailing the actions taken: The policy has been updated.</p>
<p>Recommendation 9</p> <p>Ref: Standard 16.8</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2017</p>	<p>Update the client guide to include details of how to access the most recent RQIA report.</p> <hr/> <p>Response by registered provider detailing the actions taken: The client guide has been updated.</p>



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