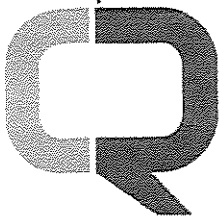


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The Regulation and
Quality Improvement
Authority

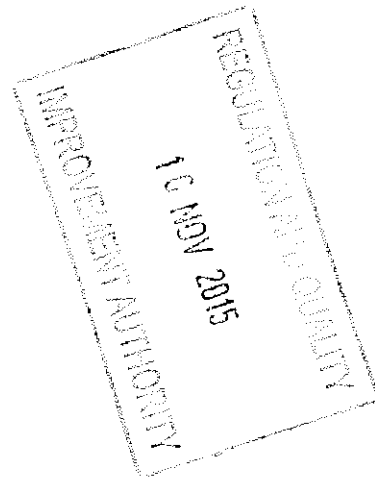
Pretty Woman
RQIA ID: 11087
16B Church Street
Dromore
BT25 1AA

Tel: 02892699065

Inspector: Winnie Maguire
Inspection ID: IN022592

**Announced Care Inspection
of
Pretty Woman**

2 September 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

Summary of Inspection

An announced care inspection took place on 2 September 2015 from 10.00 to 12.00. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. One area for improvement relating to the retention of client questionnaires was identified and is 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.

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.

Actions/Enforcement Resulting from this Inspection

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

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Lorraine Jones registered provider as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Pretty Woman	Registered Manager: Lorraine Jones
Person in Charge of the Establishment at the Time of Inspection: Lorraine Jones	Date Manager Registered: 10 February 2010
Categories of Care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

IPL Equipment

Manufacturer: Xenolite LTD

Model: Duet

Serial Number: XN-1-3-050911-UK

Laser Protection Advisor (LPA) –
Lasermet - Anna Bass

Laser Protection Supervisor (LPS) –
Lorraine Jones

Medical Support Services –
Dr Paul Myers

Authorised User -
Lorraine Jones

Types of Treatment Provided –
Hair reduction/removal

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 Lorraine Jones registered provider and sole authorised user.

The following records were examined during the inspection:

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

i. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced follow up care inspection dated 24 August 2014. No requirements or recommendations were made during this inspection.

2 Review of Requirements and Recommendations from the Last Care Inspection Dated 26 August 2014

As above

3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with Ms Jones 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 in a locked filing cabinet.

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 the registered provider/manager and a review of five 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.

Number of Requirements:	0	Number of Recommendations:	0
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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?

Pretty Woman 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 in August 2015. Ms Jones confirmed that the completed questionnaires were reviewed and found that clients were highly satisfied with the quality of treatment, information and care received. Ms Jones had not retained the completed questionnaires in the establishment and none were available for review.

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 laser room of the establishment.

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

Is Care Compassionate?

Review of care records and discussion with Ms Jones 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

Completed client questionnaires should be stored within the establishment and available for inspection.

Number of Requirements:	0	Number of Recommendations:	1
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5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Ms Jones confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Ms Jones confirmed that information from complaints would be 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.

Ms Jones demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Client Guide; copies of which are available in the laser room 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.

Ms Jones confirmed that the complainant is notified of the outcome and the action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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.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 and this expires in March 2016.

Laser procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Paul Myers and revalidated in 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 in 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 laser treatments as recorded within the local rules.

A list of authorised users is maintained and the authorised user has signed to state that she 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 in September 2015 and no recommendations were made.

The authorised user has 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 key. Arrangements are in place for the safe custody of the IPL key 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

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); and
- 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 19 August 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 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.

Number of Requirements:	0	Number of Recommendations:	0
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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.

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA registration and Insurance Arrangements

Discussion with Ms Jones regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the laser room of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lorraine Jones registered provider/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 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.

7 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s 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 (DHSPPS) Minimum Care Standards for 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 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.

Quality Improvement Plan

Recommendations			
Recommendation 1	It is recommended that completed client questionnaires are retained in the establishment and available for review on inspection.		
Ref: Standard 5	Response by Registered Person(s) Detailing the Actions Taken: I will ensure all ^{completed} questionnaires will be retained for inspection		
Stated: First time			
To be Completed by: 2 October 2015			
Registered Manager Completing QIP	<i>Lewinfor</i>	Date Completed	12. NOV '15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	<i>W. Regan</i>	Date Approved	25/11/15

Please ensure the QIP is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address