

Announced Care Inspection Report 11 December 2018



Pretty Woman

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/Intense Pulse Light (IPL) Service
Address: 16B Church Street, Dromore BT25 1AA
Tel No: 028 9269 9065
Inspectors: Norma Munn and Jo Browne**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Pretty Woman is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment also provides a range of cosmetic/aesthetic treatments. Although a wide range of services and treatments is offered in Pretty Woman, this inspection focused solely on those that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

IPL equipment:

- Manufacturer: Laser S.O.S Aesthetics Ltd
- Model: Sapphire A40 1-2P
- Serial Number: SUI PLPCA - 00106

Laser protection advisor (LPA):

- Mr Irfan Azam (Lasermet)

Laser protection supervisor (LPS):

- Ms Lorraine Jones

Medical support services:

- Dr Paul Myers

Authorised operator:

- Ms Lorraine Jones

Type of treatment provided:

- Hair removal

3.0 Service details

Organisation/Registered Provider: Pretty Woman Ms Lorraine Jones	Registered Manager: Ms Lorraine Jones
Person in charge at the time of inspection: Ms Lorraine Jones	Date manager registered: 10 February 2010
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 11 December 2018 from 10.00 to 11.40.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection determined if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These included the arrangements for managing medical emergencies; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow clients to make informed choices.

Two areas for improvement have been made against the regulations that relate to laser safety. Eight areas for improvement have been made against the standards. These relate to fire safety awareness training and adult safeguarding training, updating the adult safeguarding policy, updating the local rules, undertaking patch tests in line with the medical treatment protocols, updating the records management policy, registering with the Information Commissioners Office (ICO), and reviewing all other policies and procedures.

The findings of this report will provide Ms Jones with the necessary information to assist her to fulfil her responsibilities, and enhance practice and clients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	8

Details of the Quality Improvement Plan (QIP) were discussed with Ms Jones, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 November 2017

No further actions were required to be taken following the most recent inspection on 22 November 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Nineteen completed clients questionnaires were returned and analysed prior to the inspection.

Ms Jones is the sole authorised operator of the IPL equipment; therefore, staff questionnaires were not applicable.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspectors met with Ms Lorraine Jones, registered person.

The following records were examined during the inspection:

- 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

The findings of the inspection were provided to Ms Jones at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2017

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 November 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Ms Jones confirmed that IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the IPL reflects that Ms Jones is the only authorised operator.

It was confirmed that if any new authorised operators are recruited in the future they would complete an induction programme on commencement of employment.

A review of training records evidenced that the authorised operator has up to date training in core of knowledge training, application training for the equipment in use, basic life support, and infection prevention and control in keeping with the RQIA training guidance.

There was no evidence that training in fire safety awareness and adult safeguarding had been updated in keeping with the RQIA training guidance. Two areas for improvement against the standards have been made.

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Jones 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.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance, however the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

Safeguarding

It was confirmed that IPL procedures are not provided to persons under the age of 18 years.

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

Review of records demonstrated that Ms Jones had previously received training in safeguarding adults; however, the training had not been updated in keeping with RQIA training guidance and as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). As discussed, an area for improvement against the standards has been made in regards to authorised operator training.

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 of the regional safeguarding guidance was forwarded to Ms Jones following the inspection on 11 December 2018, together with the level of safeguarding training required and the contact details for onward referral to the trust safeguarding teams.

The policy for adult safeguarding was reviewed. The policy did not include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising. It was advised that the policy is reviewed and updated to reflect the regional guidance, Adult Safeguarding Prevention and Protection in Partnership (July 2015). An area for improvement against the standards has been made.

Laser/IPL safety

A laser safety file was in place which contained information in relation to the IPL equipment. Ms Jones was advised that information relating to previous equipment, no longer in use, should be

removed from the file and archived. Ms Jones was advised to update the laser safety file with any information received from the laser protection advisor (LPA) immediately upon receipt.

The local rules developed by the LPA were dated 19 October 2016 and did not include the correct details of the local hospital emergency department to direct clients to in the event of an incident. Ms Jones informed the inspectors that she had received updated local rules from her LPA however she was unable to locate these on the day inspection. Ms Jones was advised to contact her LPA to arrange for the local rules to be updated. An area for improvement against the standards has been made in regards to the local rules.

Protective eyewear available was not as outlined in the local rules in respect of the IPL equipment. An area for improvement against the regulations has been made. The IPL must not be used until the LPA has confirmed that suitable eyewear is available.

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 on 1 March 2019.

Ms Jones confirmed that IPL procedures are carried out in accordance with the medical treatment protocol produced by Dr Paul Myers on 2 March 2018. Systems are in place to review the medical treatment protocol on an annual basis. The medical treatment protocol contained the relevant information pertaining to the treatment being provided.

Ms Jones confirmed that some of the patch testing is carried out on the same day as the first treatment is provided. It was noted that the medical treatment protocols state that a minimum of 48 hours should be left between the patch test being undertaken and the first treatment being provided. Ms Jones advised that this is not always adhered to and if there is no reaction on the client's skin she would proceed with treatment immediately following the patch test. Ms Jones was advised to consult with Dr Myers regarding this practice as she would be working outside of the agreed medical treatment protocols. An area for improvement against the standards has been made.

The establishment's LPA completed a risk assessment of the premises on 19 October 2016 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments. Ms Jones 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.

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 IPL 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 was no evidence available in relation to the servicing of the IPL equipment. An area for improvement against the regulations has been made that the IPL is serviced in accordance with manufacturer's instructions. Service reports should be retained in the establishment and be available for inspection.

Management of emergencies

As discussed, the authorised operator has up to date training in basic life support. Discussion with Ms Jones confirmed she was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Jones evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available, in close proximity, and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Ms Jones had 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 a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

The authorised operator should undertake fire awareness training annually in keeping with RQIA training guidance for cosmetic laser services.

The authorised operator should undertake adult safeguarding training in keeping with RQIA training guidance for cosmetic laser services.

The adult safeguarding policy should be reviewed and updated to reflect the regional guidance, Adult Safeguarding Prevention and Protection in Partnership (July 2015).

The local rules should be updated and should include the details and directions to the nearest hospital in the event of an injury.

The protective eyewear provided should be as outlined in the local rules.

Patch tests should be carried out in accordance with the medical treatment protocols in place.

The IPL equipment should be serviced in accordance with manufacturer’s instructions.

	Regulations	Standards
Areas for improvement	2	5

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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.

Four 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 management of records policy was in place, however this should be updated in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation. An area for improvement against the standards has been made.

The Information Commissioners Office (ICO) should be contacted and the establishment registered, if required. An area for improvement against the standards has been made.

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, and up-to-date, and includes the cost of the treatment.

Areas of good practice

There were examples of good practice found in relation to ensuring effective communication between clients and staff.

Areas for improvement

The records management policy should be reviewed and updated.

The establishment should be registered with the Information Commissioners Office (ICO).

	Regulations	Standards
Areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Ms Jones 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 a locked cabinet.

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 report was clearly displayed on the wall of the IPL room.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

Ms Jones is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed and dated. However, the policies and procedures had exceeded their review dates. An area for improvement against the standards has been made to ensure that all policies and procedures are systematically reviewed and updated at least every three years or if changes occur.

A copy of the complaints procedure was displayed in the establishment. Discussion with Ms Jones demonstrated good awareness of complaints management. No complaints had been received by Ms Jones since the last inspection.

Ms Jones confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Ms Jones confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Ms Jones 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.

Ms Jones demonstrated a clear understanding of her role and responsibility in accordance with legislation. Ms Jones confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Policies and procedures should be systematically reviewed at least every three years or as changes occur.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Jones.

6.9 Client views

Nineteen clients submitted questionnaire responses to RQIA. All of the clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients indicated that they were either satisfied or very satisfied with each of these areas of their care.

Some comments included in the submitted questionnaire responses are as follows:

- “No complaints.”
- “I have been in different clinics and Pretty Woman is the best I’ve ever had.”
- “Care given at salon was exemplary. Knowledge and skills displayed by staff made me feel safe, reassured and most of all confident I was being cared for like I was a family member!”
- “Love the treatment, Lorraine is very knowledgeable.”
- “I felt safe and that is what is important to me.”
- “Staff very informative and very understanding.”
- “Love Lorraine, Clinic fantastic as always.”
- “I’m perfectly happy with care from Pretty Woman.”

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jones, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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 (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2019</p>	<p>The registered person shall provide protective eyewear as outlined in the local rules in respect of the IPL equipment. The IPL equipment must not be used until the LPA has confirmed that suitable eyewear is available.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Glasses changed as per local rules 22nd December 2018</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) b</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2019</p>	<p>The registered person shall ensure that the IPL equipment is serviced in accordance with manufacturer's instructions.</p> <p>The servicing reports for the IPL equipment should be retained in the establishment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Rang SOS for a service agreement and they will be in contact with myself Lorraine Jones to confirm 5th February 2019.</p>

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 24.4</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that fire safety awareness training is undertaken annually as outlined in the RQIA training guidance and in the Minimum Care Standards for Healthcare Establishments (July 2014).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Safety Awareness Course has been arranged with Fire Defence for first week in March weather permitting as practical work has to be performed outside.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 3.9</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that adult safeguarding training is undertaken as outlined in the RQIA training guidance and in the Minimum Care Standards for Healthcare Establishments (July 2014).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Rang SOS for a service agreement and they will be in contact with myself Lorraine Jones to confirm 5th February 2019.</p>
<p>Area for improvement 3</p> <p>Ref: Standards 3.1</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that the adult safeguarding policy is reviewed and updated to reflect the regional guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: To be arranged with The South Eastern Trust to attend next available date in 2019. On waiting list and they will be in contact with me</p>
<p>Area for improvement 4</p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2019</p>	<p>The registered person shall ensure that the local rules are updated and include the details and directions to the nearest hospital in the event of an injury.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Lasermet informed 5th February 201 the nearest hospital is Lagan Valley, 39 Hillsborough Road, Lisburn BT28, Tele 02892665141</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48.3</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2019</p>	<p>The registered person shall ensure that patch tests are carried out in accordance with the medical treatment protocols in place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Action taken from 12th December 2018. 48 hours allowed after patch test.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that the records management policy is updated in line with the General Data Protection Regulations (May 2018).</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Informed Lasermet 5th February 2019 and in progress.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that the establishment is registered with the Information Commissioners Office (ICO).</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Contacted ICO 31st January 2019. Speaking to Paul Damerill and he said registration not required as no electronic records kept.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 19.5</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2019</p>	<p>The registered person shall ensure that all policies and procedures are systematically reviewed and updated at least every three years or if changes occur.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Informed Lasermet 5th February 2019.</p>

Please ensure this document is completed in full and returned via Web Portal



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