

Announced Care Inspection Report 22 November 2017



Pretty Woman

**Type of Service: Independent Hospital (IH) –
Cosmetic Intense Pulsed Light (IPL) Service**
Address: 16B Church Street, Dromore BT25 1AA
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Inspector: Winifred Maguire

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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

This is an Independent Hospital (IH) – Cosmetic IPL Service. Type of treatment provided is IPL hair removal

IPL equipment:

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

Laser protection advisor (LPA):

- Irfan Azam (Lasernet)

Laser protection supervisor (LPS):

- Ms Lorraine Jones

Medical support services:

- Dr Paul Myers

Authorised operators:

- Ms Lorraine Jones

Types of treatment provided:

- Hair removal

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Pretty Woman | Registered Manager: Ms Lorraine Jones |
| Responsible Individual: 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 22 November 2017 from 10.00 to 12.00.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These relate to: IPL safety; the arrangements for managing medical emergencies; client records; the environment; infection prevention and control; effective communication between clients and the authorised operator; 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.

There were no areas requiring improvement were identified on this inspection.

Clients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in Pretty Woman.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Lorraine Jones, registered person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 20 October 2016

No further actions were required to be taken following the most recent inspection on 20 October 2016.

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
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Lorraine Jones registered person and authorised operator.

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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 October 2016

The most recent inspection of the establishment was an announced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Staffing

Discussion with Ms Jones confirmed that she continues to be the sole authorised operator of the IPL machine.

A register of the authorised operator for the IPL was maintained and found to be up to date.

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, infection prevention and control and fire safety.

Following the inspection Ms Jones confirmed she had arranged to undertake training in relation to adult safeguarding.

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

As outlined Ms Jones is the sole authorised operator. It was 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. The policy was noted to have exceeded the review date. Ms Jones confirmed all policies and procedures were due for review and this would be undertaken as part of the planned LPA visit on 1 December 2017

Safeguarding

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. She confirmed she would be acting as safeguarding lead for the establishment.

A policy was in place for the safeguarding and protection of adults. Ms Jones confirmed this policy would be updated on 1 December 2017 to reflect the 'Adult Safeguarding, Prevention and Protection in Partnership' guidance and that the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise would also included. As stated previously, Ms Jones has arranged to undertake adult safeguarding training commensurate with her role as safeguarding lead, in the coming months. The establishment does not provide an IPL service to under 18 year olds.

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 expires on 1 March 2018.

IPL procedures are carried out by a trained operator in accordance with a medical treatment protocol produced by Dr Paul Myers on 2 March 2017. 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 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 on 19 October 2016 and this will be reviewed as part of the LPA visit on 1 December 2017.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised users is maintained. Authorised operator has signed to state that she have read and understood the local rules and medical treatment protocol.

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 local rules will be reviewed by the LPA on 1 December 2017. It was suggested to ensure the protective eyewear is further clarified 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

A new IPL machine has been installed and a certificate of conformity was in place. It was confirmed there are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance.

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 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 and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, the authorised operator has 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.

Client and staff views

Nineteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- “Staff are very friendly and professional.”
- “Hygiene is important. Risks of the treatment are discussed beforehand.”

One staff member submitted questionnaire responses. They indicated that they felt that clients are safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 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.

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.

Ms Jones confirmed she had contacted the Information Commissioners Office (ICO) and was informed the service did not require to be registered with them. It was advised to seek written confirmation of this decision and place on file.

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 and staff 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 and were very satisfied with this aspect of care. 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 and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of client records, and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.5 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 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 in locked filing cabinet.

Ms Jones had not yet undertaken a client survey for 2017 due to a misunderstanding in relation to the purpose of the client questionnaires issued by RQIA. Ms Jones gave assurances that she will undertake a client satisfaction survey and ensure the results of this is collated to provide a summary report which will be made available to clients and other interested parties. An action plan will be developed to inform and improve services provided, if appropriate.

Client and staff 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; and were very satisfied with this aspect of care. The following comment was provided:

- “Lorraine is very professional and respects privacy.”

The submitted staff questionnaire response indicated that they felt that clients are treated with dignity and respect and that they are involved in decision making affecting their care; and was very satisfied with this aspect of care. No comments were included in submitted questionnaire response.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 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 has overall responsibility for the day to day management of the service and as previously stated does not employ any staff in relation to the delivery of the IPL service. Ms Jones is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. As stated previously the policies and procedures are to be reviewed and updated as necessary as part of the LPA visit on 1 December 2017. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Ms Jones demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the treatment room. Discussion with Ms Jones 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 2016 to 31 March 2017.

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.

Discussion with 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.

A whistleblowing/raising concerns policy was available.

Ms Jones demonstrated a clear understanding of her 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 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.

Client and staff views

All clients who submitted questionnaire responses indicated that they felt that the service is well managed and were very satisfied with this aspect of the service. The following comments were provided:

- “Very efficient and team is well led by Lorraine.”

- “If I wasn’t well looked after, I would go elsewhere.”
- “The service is run professionally.”

The submitted staff questionnaire response indicated that they felt that the service is well led and was very satisfied with this aspect of the service. No comments were included in the submitted questionnaire response.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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