

Announced Care Inspection Report 4 October 2018



Aesthetic Enhancement Ltd

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

**Address: 7B Messines Terrace, Racecourse Road, Londonderry,
BT48 7QZ**

Tel No: 07711890094

Inspector: Stephen O'Connor

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

Aesthetic Enhancement Ltd is registered as an Independent Hospital (IH) with the following category of care: PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources. The establishment provides a range of cosmetic/aesthetic treatments using an Intense Pulse Light (IPL) machine. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

IPL equipment:

Manufacturer: Ellipse Light
 Model: SP1
 Serial Number: 06040714
 Hand Pieces: VL-2, HR

Laser protection advisor (LPA):

Mr Alex Zarneh (to be confirmed)

Laser protection supervisor (LPS):

Ms Elaine McVeigh

Medical support services:

Dr Rupert Gabriel (to be confirmed)

Authorised operator:

Ms Elaine McVeigh

Types of treatment provided:

- hair removal
- skin rejuvenation
- thread vein removal

3.0 Service details

Organisation/Responsible Individual: Aesthetic Enhancement Ltd Ms Elaine McVeigh	Registered Manager: Ms Elaine McVeigh
Person in charge at the time of inspection: Ms Elaine McVeigh	Date manager registered: 26 September 2016
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 4 October 2018 from 09:50 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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and 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 evidenced in all four domains. These included the arrangements for staff recruitment; adult safeguarding; clinical records; the environment; 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.

An area for improvement against the standards made during the previous care inspection in respect of medical treatment protocols has not been met and is now stated against the regulations. A further five areas for improvement against the regulations have been made during this inspection. These relate to submitting a copy of the service level agreements between the establishment and the appointed medical support officer and laser protection advisor (LPA), confirming that the local rules are subject to review by the LPA, submitting a copy of an LPA risk assessment completed within the last three years and in respect of refresher training to be completed by the authorised operator.

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	6	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Elaine McVeigh, responsible individual, 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 15 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 August 2017.

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
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. No staff are employed in Aesthetic Enhancement Ltd therefore no staff questionnaires were provided to RQIA.

A poster informing clients that an inspection was being conducted was displayed. During the inspection the inspector met with Ms Elaine McVeigh, responsible individual and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- IPL safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Ms McVeigh, responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 August 2017

The most recent inspection of the Aesthetic Enhancement Ltd was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 (2) (a)	The registered person shall ensure that the C3 recommendations made within the fixed electrical wiring installation inspection report	Met

Stated: First time	are actioned and records retained.	
	<p>Action taken as confirmed during the inspection: Ms McVeigh confirmed that she discussed the C3 recommendations within the fixed electrical wiring installation report with the electrician who carried out the inspection and that he advised that there is no legal requirement to action the recommendations and that the current arrangements are satisfactory. Ms McVeigh also discussed the C3 recommendations with her landlord who was not agreeable to action the recommendations. Following the inspection the inspector sought advice from the senior premises inspector in RQIA who advised that C3 recommendations do not mean the current arrangements are unsatisfactory or dangerous and that consideration can be given to action the recommendations in the future. Based on this information RQIA are satisfied that the current electrical installation is satisfactory.</p>	
<p>Area for improvement 2 Ref: Regulation 30 (e) (i) Stated: First time</p>	<p>The registered person must confirm in writing to RQIA the name of the limited company that is operating the service.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection a letter was submitted to RQIA by Ms McVeigh’s accountant confirming that Aesthetic Enhancement Ltd is the name of the limited company operating the service.</p>	Met
<p>Area for improvement 3 Ref: Regulation 28 (1) Stated: First time</p>	<p>The registered person shall ensure that the RQIA registration certificate is displayed in a prominent place.</p> <p>Action taken as confirmed during the inspection: The RQIA registration certificate was observed to be framed and displayed on a desk in the waiting area.</p>	Met
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 13.1 Stated: First time</p>	<p>The registered person shall ensure that Ms McVeigh as the authorised operator should complete refresher training in fire safety on an annual basis.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced that Ms McVeigh had completed fire safety awareness training on 24 October 2017. Ms McVeigh is aware that fire safety awareness training should be</p>	Met

	refreshed on an annual basis.	
Area for improvement 2 Ref: Standard 48.4 Stated: First time	<p>The registered person shall ensure that arrangements are established to ensure the medical treatment protocols are reviewed in keeping with the review date recorded on the protocols.</p> <p>Action taken as confirmed during the inspection: No records were available to evidence that the medical treatment protocols had been reviewed by a named medical practitioner since they were issued July 2016. This is discussed further in section 6.4 of this report.</p> <p>This area for improvement has not been addressed and an area for improvement against the regulations had been made.</p>	Not met
Area for improvement 3 Ref: Standard 5.1 Stated: Second time	<p>It is recommended that a system to consult with clients on an annual basis in regards to the quality of treatment provided should be developed and implemented. A report detailing the main findings of the consultation should be generated and made available to clients and other interested parties.</p> <p>Action taken as confirmed during the inspection: On the day of inspection a number of completed client satisfaction surveys were available for review. Ms McVey confirmed that she had not yet used these to generate a report. On 9 October 2018 a report detailing the main findings of the consultation was submitted to RQIA.</p>	Met
Area for improvement 4 Ref: Standard 3.9 Stated: First time	<p>The registered person shall ensure that Ms McVeigh as the safeguarding lead should complete formal training in safeguarding adults. The adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised September 2016).</p> <p>Action taken as confirmed during the inspection: Review of records evidenced that Ms McVeigh had completed a safeguarding adults course during March 2018. Ms McVeigh is aware that she should complete refresher training every two years in keeping with RQIA training guidance for cosmetic laser services.</p>	Met
Area for improvement 5 Ref: Standard 3.1 Stated: First time	<p>The registered person shall ensure that the adult safeguarding policy should be further developed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in</p>	Met

	Partnership' (July 2015).	
	<p>Action taken as confirmed during the inspection:</p> <p>No evidence was available to confirm that the adult safeguarding policy had been updated. On 9 October 2018 an updated adult safeguarding policy in keeping with regional guidance document was submitted to RQIA.</p>	

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

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

A review of training records evidenced that Ms McVeigh had up to date training in fire safety awareness and adult safeguarding. Ms McVeigh had completed core of knowledge training during September 2013, and application training for the equipment in use during October 2013. Core of Knowledge training should be completed every five years. Application training for the equipment in use should be undertaken at the time of installation of equipment, on changes in equipment/procedures or on the introduction of new treatment. As it is the same machine and treatments being provided the application training undertaken during October 2013 is sufficient. Ms McVeigh had completed basic life support training during September 2016; this training should be updated annually. Ms McVey had completed infection prevention and control (IPC) training during July 2016. IPC training should be refreshed in keeping with the timeframes specified on the certificate, or annually if no timeframe is specified. An area for improvement against the regulations has been made in regards to authorised operator training. Ms McVeigh was advised that authorised operator training should be in keeping with the RQIA cosmetic laser training guidance document and a copy of this training guidance document was forwarded to Ms McVeigh following the inspection.

Ms McVeigh is the only person who works in Aesthetic Enhancement Ltd, and she confirmed that should any support staff be employed in the future that they would receive IPL safety awareness training.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms McVeigh confirmed that should authorised operators 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.

Safeguarding

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

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

As discussed, review of records demonstrated that Ms McVeigh, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for staff reference.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL equipment.

Ms McVeigh confirmed that Mr Alex Zarneh is the appointed laser protection advisor (LPA) for Aesthetic Enhancement Ltd. However, there was no written confirmation of this. An area for improvement against the regulations has been made in this regard.

IPL procedures are carried out by authorised operators in accordance with medical treatment protocols produced by Dr Rupert Gabriel during July 2016. The medical treatment protocols in place specified a review date of July 2017. As discussed, there was no evidence to confirm that the medical treatment protocols had been reviewed during July 2017. An area for improvement against the standards had been made during the previous care inspection to address this. As this has not been met an area for improvement against the regulations has been made.

Although Ms McVeigh confirmed that Dr Rupert Gabriel is the appointed medical support officer for Aesthetic Enhancement Ltd, there was no written confirmation of this. An area for improvement against the regulations has been made in this regard.

It was noted that the local rules produced by Mr Alex Zarneh were issued during June 2016 and these had a review date of November 2017. There was no evidence to confirm that these local rules had been reviewed by the appointed LPA. An area for improvement against the regulations has been made in this regard.

The local rules contained the relevant information pertaining to the IPL equipment being used.

It was noted the risk assessment completed by the appointed LPA had an expiry date of June 2016. Ms McVeigh advised that date specified on the risk assessment was the date the risk assessment was completed and she was of the view that the word expiry was an administrative error. A risk assessment must be completed by the appointed LPA at least every three years. An area for improvement against the regulations has been made in this regard.

Ms McVeigh as the laser protection supervisor (LPS) has overall responsibility for safety during IPL 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 Ms McVeigh.

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 keypad code. Arrangements are in place for the safe custody of the keypad code 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 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 are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of May 2017 was reviewed as part of the inspection process. Correspondence for the organisation that services the IPL machine was reviewed which confirmed that the service during May 2017 was sufficient and that plans were in place to service the machine by the end of 2018.

Management of emergencies

As discussed, Ms McVeigh completed basic life support during September 2016. As discussed basic life support training should be refreshed on an annual basis. Completion of this training has been included in an area for improvement made against the regulations. Ms McVeigh 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 McVeigh 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, Ms McVeigh had completed infection prevention and control (IPC) training during July 2016. IPC training should be refreshed in keeping with the timeframes specified on the certificate or annually if no timeframe is specified. Completion of this training had been included in an area for improvement made against the regulations.

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 arrangements in respect of future staff recruitment, adult safeguarding, and the environment.

Areas for improvement

Confirmation should be submitted to RQIA that the medical treatments protocols have been reviewed in keeping with the timeframes specified on the document.

Confirmation should be submitted to RQIA that Ms McVeigh as the authorised operator has completed training in keeping with RQIA's cosmetic laser training guidance document.

Confirmation should be submitted to RQIA of the service level agreement between the establishment and the appointed laser protection advisor (LPA).

Confirmation should be submitted to RQIA of the service level agreement between the establishment and the medical support officer.

Confirmation should be submitted to RQIA that the local rules have been reviewed by the appointed LPA.

Confirmation should be submitted to RQIA that the appointed LPA has completed a risk assessment within the previous three years.

	Regulations	Standards
Areas for improvement	6	0

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.

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)

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.

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.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and the authorised operator.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 McVeigh, 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 lockable storage case.

As discussed, an anonymised client satisfaction report detailing the main findings of completed client satisfaction surveys was submitted to RQIA on 9 October 2018. Review of the report evidenced that clients were highly satisfied with the standard of care and treatment they received.

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 McVeigh 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, dated and Ms McVeigh confirmed these were reviewed on an annual basis.

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

A copy of the complaints procedure was available in the establishment. Ms McVeigh evidenced a good awareness of complaints management.

Ms McVeigh 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.

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

Ms McVeigh, responsible individual and authorised operator demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms McVeigh confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

As discussed, 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 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
Areas for improvement	0	0

6.8 Equality data

Equality data

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

6.9 Client and staff views

Five clients submitted questionnaire responses to RQIA. All five 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 five clients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted client questionnaires.

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 Elaine McVeigh, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The responsible individual/registered 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 and 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 (1)</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2018</p>	<p>The responsible individual must established arrangements to ensure that the medical treatment protocols are reviewed in keeping with the timeframes specified on the document. Confirmation that the medical treatment protocols have been reviewed by a named medical practitioner must be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Reviewed and sent to Mr O'Connor.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2018</p>	<p>The responsible individual must submit to RQIA upon return of this Quality Improvement Plan (QIP) training certificates to evidence that Ms McVeigh, as the authorised operator, has completed refresher training in the following areas:</p> <ul style="list-style-type: none"> • core of knowledge • basic life support • infection prevention and control <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Completed with evidence sent to Mr O'Connor.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2018</p>	<p>The responsible individual must submit to RQIA upon return of this Quality Improvement Plan (QIP) a copy of the service level agreement between Aesthetic Enhancement Ltd and the appointed laser protection advisor (LPA).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Completed with evidence sent to Mr O'Connor.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 39 (1)</p> <p>Stated: First time</p>	<p>The responsible individual must submit to RQIA upon return of this Quality Improvement Plan (QIP) a copy of the service level agreement between Aesthetic Enhancement Ltd and the medical support officer (author of the medical treatment protocols).</p>

To be completed by: 29 November 2018	Ref: 6.4
	Response by registered person detailing the actions taken: Completed with evidence sent to Mr O'Connor.
Area for improvement 5	The responsible individual must submit evidence to RQIA upon return of this Quality Improvement Plan (QIP) to confirm that the local rules have been reviewed by the appointed laser protection advisor.
Ref: Regulation 15 (1) (b)	
Stated: First time	Ref: 6.4
To be completed by: 29 November 2018	Response by registered person detailing the actions taken: Completed with evidence sent to Mr O'Connor.
Area for improvement 6	The responsible individual must submit to RQIA upon return of this Quality Improvement Plan (QIP) a copy of the risk assessment undertaken by the laser protection advisor within the past three years. Any action points made within the risk assessment should be addressed.
Ref: Regulation 15 (1) (b)	
Stated: First time	
To be completed by: 29 November 2018	Ref: 6.4
	Response by registered person detailing the actions taken: Completed with evidence sent to Mr O'Connor.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews