

# Announced Care and Variation to Registration Inspection Report 3 November 2017



## Martina Collins Dental and Skin

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

**Address: Rathgar House, 2 Rathgar Street, Belfast BT9 7GD**

**Tel No: 02890666684**

**Inspector: Stephen O'Connor**

**RQIA's Medical Physics Advisor: Dr Ian Gillan**

[www.rqia.org.uk](http://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**

This is a registered dental practice with two registered places. A variation to registration application was submitted to RQIA during June 2017 to add an additional category of care to the registration of the establishment. The application was to add the following category of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.

**Intense Pulse Light (IPL) equipment:**

- Manufacturer: Lumenis
- Model: M22
- Serial Number: 20897

- Wavelength: IPL 400 to 1200nm

**Laser protection advisor (LPA):**

Ms Estelle Walker (Onephton)

**Laser protection supervisor (LPS):**

Ms Martina Collins

**Medical support services:**

Ms Martina Collins

**Authorised operators:**

Ms Sinead Walsh

**Types of IPL treatment provided:**

- hair removal
- skin rejuvenation
- skin pigmentation
- acne treatment

On discussion it was identified that the Lumenis M22 machine is a multi-platform machine that is also capable of operating as a Class 4 laser by changing the handpiece. A laser handpiece is not available in the establishment. Mrs Spence is aware that should a laser handpiece be purchased for the Lumenis M22 machine a variation to registration application should be submitted to RQIA to add the following category of care to the registration of the establishment: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.

### 3.0 Service details

<p><b>Organisation/Registered Person:</b> Martina Collins Dental and Skin Ltd Mrs Martina Collins</p>	<p><b>Registered Manager:</b> Mrs Lyndsay Spence</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Martina Collins</p>	<p><b>Date manager registered:</b> 12 June 2015</p>
<p><b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	<p><b>Number of registered places:</b> 2</p>

## 4.0 Inspection summary

An announced inspection took place on 03 November 2017 from 09:50 to 13:00.

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 Standards for Dental Care and Treatment (2011) and the 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.

The inspection also sought to review the readiness of the establishment for the provision of Intense Pule Light (IPL) treatments associated with the variation to registration application, made to RQIA, to add PT (IL) prescribed techniques or prescribed technology: establishments using intense light sources category of care to the registration of the establishment. The inspector was accompanied by Dr Ian Gillan, RQIA's Medical Physics Advisor; the findings and report of Dr Gillan are appended to this report.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas of improvement against the regulations have been made. One relates to preparing a written scheme of examination in respect of the pressure vessels in the establishment and one to ensure that the discrepancy noted with the protective eyewear is discussed with the appointed LPA and any recommendations made actioned.

An area for improvement against the standards has been made that confirmation is submitted to RQIA that the authorised operator has completed all mandatory training.

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

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Lyndsay Spence, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 6 January 2017**

No further actions were required to be taken following the most recent inspection on 6 January 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the establishment 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 staffing information
- submitted complaints declaration
- the variation to registration application

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. No completed patient and staff questionnaires were returned to RQIA prior to the inspection.

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

During the inspection the inspector met with Mrs Martina Collins, registered person, Mrs Lyndsay Spence, registered manager and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements
- IPL safety

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 6 January 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 6 January 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

Two dental surgeries are in operation in this establishment. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the establishment and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the establishment

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

## Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Spence confirmed that four staff have been recruited since the previous inspection. One of these staff members is an

authorised operator for the IPL machine who is due to commence employment in the week following the inspection. A review of three of the four personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. Mrs Spence is aware that the same recruitment and selection principles apply to the recruitment of authorised operators.

There was a recruitment policy and procedure available.

## **Safeguarding**

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

There was a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies available for staff reference.

## **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers have been provided to meet the establishment requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during May 2017. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the establishment continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during September 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

## **Radiography**

The establishment has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during May 2017 in accordance with manufacturer's instructions.



Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include the routine servicing and maintenance of gas central heating burner, fire detection system and firefighting equipment, emergency lighting and the intruder alarm. Arrangements are also in place to ensure the fixed electrical wiring installations are inspected and that portable appliance testing (PAT) is completed in respect of electrical equipment.

The original fire risk assessment was completed by an external organisation. Routine checks are undertaken in respect of the fire detection system.

The original legionella risk assessment was completed by an external organisation. Water temperatures are monitored and recorded in keeping with the risk assessment.

Mrs Spence confirmed that the fire and legionella risk assessments are reviewed in house on an annual basis.

A passenger lift is available to access the first floor. Mrs Spence confirmed that landlord is responsible for the servicing and maintenance of the passenger. The landlord provides copies of servicing and maintenance records to the establishment.

There is potential for a third dental surgery. Mrs Collins and Mrs Spence are both aware that should a third dental surgery be established that a variation to registration application must be submitted to RQIA.

It was confirmed that the pressure vessels in the establishment had not been inspected in keeping with a written scheme of examination of pressure vessels. Mrs Spence was advised that under The Pressure Systems Safety Regulations (Northern Ireland) 2004 all pressure vessels should have a written scheme of examination that outlines the frequency of inspection. An area of improvement against the regulations has been made in this regard.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

## **Patient and staff views**

As discussed previously no patient or staff questionnaires were submitted to RQIA prior to the inspection.

## Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

## Areas for improvement

A written scheme of examination should be prepared for the pressure vessels in the establishment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

## Clinical records

Staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mrs Collins confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. Mrs Spence confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

## Health promotion

The establishment has a strategy for the promotion of oral health and hygiene. Martina Collins Dental and Skin have an outreach programme that is delivered in local schools. It was observed that a television in the waiting room plays slideshows promoting oral health and hygiene. Oral health is actively promoted on an individual level with patients during their consultations and hygienist services are available in the establishment. Each surgery has access to an intra-oral camera and these are used when discussing oral hygiene. Intra-oral cameras help patients to see for themselves exactly what is happening in their mouth and they

can make informed decisions about what to do. The provision of intra-oral cameras exceeds best practice guidance.

Oral health and hygiene information leaflets are available. A range of products is also available for purchase and samples of products are freely distributed to patients.

The establishment Facebook page and website promotes oral health and hygiene through the use of educational videos. It was confirmed that the establishment also participates in national campaigns. The establishment is to be commended in regards to their extensive health promotion programme.

## Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance

## Communication

Mrs Collins confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions. In addition to the monthly meetings staff have a weekly huddle.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the establishment.

## Patient and staff views

No patient or staff questionnaires were submitted to RQIA prior to the inspection.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 in decision making**

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The establishment undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated July 2017 demonstrated that the establishment pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the establishment to improve, as appropriate. Mrs Spence is aware that in the future the patient satisfaction report should also include feedback for clients who received IPL treatments. A discussion took place in regards to how the establishment could structure the feedback report to ensure it reflects feedback for both dental patients and IPL clients.

A policy and procedure was in place in relation to confidentiality.

**Patient and staff views**

No patient or staff questionnaires were submitted to RQIA prior to the inspection.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 arrangements

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mrs Collins is the nominated individual with overall responsibility for the day to day management of the establishment.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire, discussion with Mrs Spence and review of documentation evidenced that complaints have been managed in accordance with best practice.

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 also 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.

Mrs Spence confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. 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. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs Collins, registered person, 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 patient'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.

## Patient and staff views

No patient or staff questionnaires were submitted to RQIA prior to the inspection.

## Areas of good practice

There were examples of good practice found 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
<b>Total number of areas for improvement</b>	0	0

**6.8 Variation to registration application to add PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources category of care to the registration of the establishment.**

## Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to include reflect the provision of IPL treatments.

## Client guide

A client guide was prepared in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The client guide had been updated to reflect the provision of IPL treatments.

## Staff training and development and training for staff using lasers and intense light sources

A record of training was available for the authorised operator. Core of knowledge training was undertaken on 18 August 2016. The safe use and application of IPL training was undertaken on 9 October 2017.

It was confirmed that the authorised operator had completed training in infection prevention and control; basic life support; fire safety and safeguarding adults at risk of harm. However, records were not available to confirm this. This has been identified as an area for improvement against the standards.

Mrs Spence confirmed that the authorised operator was due to commence work on 6 November 2017 and that IPL safety awareness training for staff not directly involved in the use the IPL was scheduled for 9 November 2017.

## **Client information and laser procedures**

The establishment has policies and procedures for advertising and marketing which are factual and not misleading. Advertisements do not offer discounts linked to a deadline for booking appointments. Promotional events do not include financial incentives for potential clients to book a consultation at the event.

Mrs Spence confirmed that clients will be provided with written information on the specific IPL procedures that explains the risks, complications and expected outcomes of the treatment.

Clients will be provided with an initial consultation to discuss their treatment and any concerns they may have. The establishment has a list of fees available for each IPL procedure. Fees for treatment are agreed during the initial consultation and may vary depending on the treatment provided and the individual requirements of the client.

Arrangements are in place for clients to complete a health questionnaire prior to the provision of treatment. There are systems in place to contact the client's GP, with their consent, for further information if necessary.

## **Procedures for the use of lasers and intense light sources**

IPL procedures will be carried out by trained operators in accordance with medical treatment protocols produced by Mrs Martina Collins during November 2017.

Systems are in place to review the medical treatment protocols annually.

The medical treatment protocols set out:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

A risk assessment of the premises was undertaken by the LPA on 24 July 2017 and all issues identified have been addressed by the laser protection supervisor (LPS).

The establishment has local rules in place which have been developed by their LPA during July 2017.

Systems are in place to review the local rules annually.

The local rules cover:

- the potential hazards associated with lasers and intense light sources
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during IPL treatments is recorded within the local rules.

IPL operators are authorised to use the equipment and a register of authorised operators is maintained.

The authorised operator has signed to state that they have read and understood the local rules and medical treatment protocols.

Mrs Spence confirmed that an IPL register had yet to be established. Mrs Spence was advised that once developed the IPL register should be updated every time the IPL machine is operated and that it should include the following information as required by legislation:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incidents

On 7 November 2017 Mrs Spence confirmed that an IPL register had been established.

The proposed client care records were reviewed and found to contain a health questionnaire, consent form and record of treatment. Records will be retained in manual format and appropriate systems and processes are in place for the management of records and maintaining patient confidentiality. A discussion took place in regards to retaining records in an electronic format and how the establishment could ensure that all electronic records are securely stored and backed up.

### **Safe operation of lasers and intense light sources**

The environment in which the IPL machine will be used was found to be 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 equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Laser safety warning signs will be displayed when the IPL machine is in use and removed when not in use as described within the local rules.



Protective eyewear was available for the client and operator. It was noted that only total blocking shields were available for the client. The local rules specified that the client should wear 'intraocular shields'. However, the total blocking shields available for the client were not of 'intra-ocular' design. This discrepancy with the protective eyewear should be discussed with the appointed LPA. In particular the local rules should specify the details of the total blocking shields such as manufacturer of type. It should also be established if when treating areas remote from the eyes if clients can wear the shade 3 IPL protective eyewear. The local rules should be updated following these discussions. An area of improvement against the regulations has been made to address this issue.

The door to the treatment rooms will be locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

There are formal written arrangements in place for the safe custody of the IPL key. The IPL key was observed to be stored safely and securely during the inspection.

There is a laser safety file in place.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. The most recent service report dated 13 June 2017 was reviewed as part of the inspection process.

A carbon dioxide (CO<sub>2</sub>) extinguisher suitable for electrical fires was wall mounted in the corridor outside the treatment room.

The inspector reviewed the incident policy and discussed the reporting of adverse incidents in line with the RQIA reporting procedure.

Employers and public liability insurance was in place valid to 19 November 2017.

### Areas for improvement

The issue identified with the protective eyewear must be discussed with the LPA following which the local rules should be updated.

The training certificates for the authorised operator should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.9 Conclusion

The variation to registration application to add the PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources, category of care to the registration of the establishment has been approved from a care perspective, subject to submission to RQIA of a QIP agreeing that the areas for improvement will be addressed within the specified timescales.

## 7.0 Quality improvement plan

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

The registered person/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 person 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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011) and the DHSSPS Minimum Care Standards for Independent 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref: Regulation 15 (2) (b)</b>  <b>Stated: First time</b>  <b>To be completed by: 03 January 2018</b>	<p>The registered provider must ensure that a written scheme of examination is prepared for all pressure vessels in the establishment in keeping with The Pressure Systems Safety Regulations (Northern Ireland) 2004. A copy of the written scheme of examination should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> Completed. Report to follow.
<b>Area for improvement 2</b>  <b>Ref: Regulation 39 (1) &amp; (2) (d)</b>  <b>Stated: First time</b>  <b>To be completed by: 03 December 2017</b>	<p>The discrepancy noted with the protective eyewear must be discussed with the appointed LPA and records retained. Any recommendations made by the LPA must be actioned and the local rules updated to ensure that that the protective eyewear available for the client and operator is as outlined in the local rules.</p> <p>Ref: 6.8</p>
	<b>Response by registered person detailing the actions taken:</b> RPA contacted and local rules amended
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref: Standard 48.12</b>  <b>Stated: First time</b>  <b>To be completed by: 05 January 2018</b>	<p>Confirmation should be submitted to RQIA upon return of this Quality Improvement Plan (QIP) that the authorised operator has completed training in the areas outlined below:</p> <ul style="list-style-type: none"> <li>• infection prevention and control (within the past 2 years)</li> <li>• basic life support (within the past year)</li> <li>• fire safety (within the past year)</li> <li>• safeguarding adults at risk of harm (within the past 2 years)</li> </ul> <p>Ref: 6.8</p>
	<b>Response by registered person detailing the actions taken:</b> Completed

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

3rd November 2017

Mr Stephen O'Connor  
Regulation & Quality Improvement Authority  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

## **Laser Protection Report**

*Martina Collins Dental & Skin Clinic, Rathgar House, 2 Rathgar St, Belfast BT9 7GD*

### **Introduction**

Further to the inspection of the above premises earlier today this report summarises the main laser protection aspects where improvement may be required. The findings are based on the requirements of current legislation, relevant guidance notes and European Standards.

### **Comments**

The Local Rules state that the client should wear 'intraocular shields' during treatments. It is recommended that further clarification is sought from the LPA and the local rules amended as required. In particular:-

- (i) The eye shields available during the inspection were not of 'intraocular' design.
- (ii) Should the eye shields be worn when treating areas remote from the eyes or are the shade 3 IPL goggles satisfactory
- (iii) The local rules should provide details of the approved client eye shields such as manufacture or type and this also provides clarity when ordering replacements or additional pairs.



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**Dr Ian Gillan**  
**Laser Protection Adviser to RQIA**

## **Appendix 1**

*Martina Collins Dental & Skin Clinic, Rathgar House, 2 Rathgar St, Belfast BT9 7GD*

### ***IPL System***

Manufacturer:	Lumenis
Model:	M22
Serial Number:	20897
Wavelength	IPL 400 to 1200nm

### **Laser Protection Adviser**

Estelle Walker, Onephoton



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