

Announced Care Inspection Report 8 November 2017



Laserway Laser Clinic

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

Address: 45 Eglantine Road, Lisburn BT27 5RQ

Tel No: 07739099039

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

This is a cosmetic laser service providing treatments using laser and Intense Pulse Light (IPL) machines.

Laser equipment

Manufacturer: Candela Max
 Model: Pro Alexandrite
 Serial Number: 991490200754
 Laser Class: Class 4

Manufacturer: Candela
 Model: GentleLase
 Serial Number: 991409104061

Laser Wavelength: Alexandrite 755nm
Laser Class: 4

Manufacturer: Alma
Model: Harmony
Serial Number: LV202322
Laser Class: Class 4

IPL equipment

Manufacturer: Ellipse
Model: Flex 9FLX0833-D06
Serial Number: 02011009
Laser Class: IPL

Ms Rowan confirmed that the Candela GentleLase laser has not been onsite since the previous inspection and that it is not expected that the machine will be operational in the future.

Ms Rowan also confirmed that the Alma Harmony laser was in Laserway Laser Clinic, Ballymena, and that this machine is only brought to the Laserway Laser Clinic, Lisburn when it is needed. Ms Rowan confirmed this laser is onsite approximately every four to five weeks.

Laser protection advisor (LPA)

Dr Godfrey Town (Medical Scientific Consultancy)

Medical support services

Dr Ross Martin

Laser protection supervisor (LPS)

Ms Emily Rowan

Authorised operators

Ms Emily Rowan
Ms Rachel Hunter

Type of Laser Treatment Provided – hair reduction, pigmented lesions, tattoo removal, pigmented blemishes and pixel fractional skin resurfacing

Types of IPL Treatment Provided - skin rejuvenation, acne treatment, wrinkle reduction

3.0 Service details

Organisation/Registered Person: Laser Room Cosmetics Limited Ms Emily Rowan	Registered Manager: Ms Emily Rowan
Person in charge at the time of inspection: Ms Emily Rowan	Date manager registered: 24 February 2017
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 08 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 the arrangements for managing medical emergencies, clinical records, the environment, infection prevention and control, effective communication between clients and staff, 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.

Three areas of improvement against the regulations have been made; one in relation to AccessNI enhanced disclosure checks, one in relation to authorised operator personnel files and one in relation to the laser and IPL registers.

In addition two areas of improvement against the standards have been made; one to retain records of induction and one to further update the establishment's recruitment and selection policy.

All clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Emily Rowan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent follow-up pre-registration care inspection dated 21 February 2017

No further actions were required to be taken following the most recent follow-up pre-registration care inspection on 21 February 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
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed client questionnaires were also analysed prior to the inspection; no completed staff questionnaires were submitted to RQIA prior to the inspection.

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

During the inspection the inspector met with Ms Emily Rowan, registered person and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser and IPL 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 follow-up pre-registration care inspection dated 21 February 2017

The most recent inspection of the establishment was an announced follow-up pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 February 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Ms Rowan confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms Rowan confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL machines is maintained and kept up to date.

It was confirmed that an authorised operator has been recruited since the previous inspection and that although the new authorised operator completed an induction programme, no record of the induction was maintained. An area of improvement against the standards has been made to address this.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, infection prevention and control and protection of adults at risk of harm. It was confirmed that the basic life support and

fire safety awareness training for the authorised operators has recently expired and arrangements are in place to provide refresher training in these areas. No other staff are employed in the establishment. Ms Rowan is aware that should support staff be employed they must undertake laser and IPL safety awareness training.

Recruitment and selection

Ms Rowan confirmed that one authorised operator has been recruited since the previous inspection. Review of the personnel file for this authorised operator evidenced that most documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. However, the personnel file did not include a criminal conviction declaration, a record of induction or any information in respect of AccessNI enhanced disclosure checks. The personnel file only included one reference; two written references one of which should be from the person's current or most recent employer should be retained.

Ms Rowan was advised that all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained in respect of authorised operators. Ms Rowan was advised that the development of an authorised operator's recruitment checklist would prove beneficial in providing assurances that all relevant documentation had been sought and retained. An area of improvement in regards to authorised operators personnel files has been made.

The arrangements in respect of AccessNI enhanced disclosure checks were discussed with Ms Rowan. Ms Rowan confirmed that an AccessNI enhanced disclosure check had not been undertaken or received in respect of the newly recruited authorised operator. Ms Rowan was advised that an AccessNI enhanced disclosure check must be undertaken in respect of the identified authorised operator and that checks must be undertaken and reviewed prior to commencement of employment in respect of any authorised operators recruited in the future. A discussion took place in regards to the handling of AccessNI enhanced disclosure checks in keeping with the AccessNI Code of Practice.

Ms Rowan provided assurances that the identified authorised operator would be supervised until the details of the AccessNI enhanced disclosure check had been received. On the afternoon of the inspection Mrs Rowan confirmed in an email that an AccessNI enhanced disclosure check for the identified authorised operator had been applied for.

An area for improvement against the regulations has been made in regards to AccessNI enhanced disclosure checks.

The clinic's recruitment and selection policy and procedure was reviewed. This policy did not include the arrangements in respect of AccessNI enhanced disclosure checks. This has been identified as an area for improvement against the standards.

Safeguarding

Ms Rowan was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Ms Rowan confirmed that staff are aware of who the nominated safeguarding lead is within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in 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 lacked detail. Ms Rowan confirmed that the clinic do not provide laser and IPL treatments to persons under the age of 18. Ms Rowan was advised that the safeguarding policies should include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Following the inspection a model adult safeguarding policy was forwarded to Ms Rowan by email. On 9 November 2017 Ms Rowan confirmed in an email that she had localised the model adult safeguarding policy and shared it with staff.

On the afternoon of the inspection the documents listed below were forwarded to Ms Rowan by email:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Laser and IPL safety

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

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 this expires on 09 June 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 10 October 2016. Systems are in place to review the medical treatment protocols every three years. The medical treatment protocols 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 laser and IPL machines being used.

The appointed LPA has completed separate risk assessments for each machine each of which is dated 10 June 2017. Review of the risk assessments evidenced that all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser and 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 laser and IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

The environment in which the laser and 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 laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

Both lasers are operated using a key and the IPL machine is operated using a keypad code. Arrangements are in place for the safe custody of the laser keys and IPL 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 laser and IPL equipment is in use and removed when not in use.

The establishment has separate registers for each machine. The registers should be completed every time the equipment is operated and should include:

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

Five client care records were reviewed. When the ongoing treatment records were compared with the laser and IPL registers it was noted that on a number of occasions the laser and IPL registers had not been updated following treatment. Ms Rowan was reminded that the laser and IPL registers must be completed every time the equipment is used. An area for improvement against the regulations has been made in this regard.

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of the Candela Max laser was dated, 15 October 2017, the report for the Alma Harmony was dated 6 October 2017 and the report of the Ellipse IPL machine was dated 06 October 2017.

Management of emergencies

As discussed, authorised operators training in basic life support has recently expired and arrangements are in place to complete refresher training. Ms Rowan was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Rowan 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, authorised operators have 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

Three clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

No completed staff questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

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

Areas for improvement

Records of induction should be retained for any new authorised operators who commence employment in the future.

The recruitment and selection policy should be further developed to outline the procedure in respect of AccessNI enhanced disclosure checks.

An AccessNI enhanced disclosure check must be undertaken for the identified authorised operator. AccessNI enhanced disclosure checks must be received prior to any new authorised operators commencing work in the future.

Staff personnel files for authorised operators recruited in the future, must contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The laser and IPL registers must be completed every time treatments are provided.

	Regulations	Standards
Total number of areas for improvement	3	2

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 laser and 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.

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

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.

Ms Rowan confirmed that she listens to the views and opinions of staff and that staff meetings to include training are held every two months. Review of documentation demonstrated that minutes of staff meetings are retained.

Client and staff views

All three 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.

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 clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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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

Ms Rowan confirmed that clients are treated with dignity and respect and that 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 lockable filing cabinets.

Client satisfaction surveys are available in the waiting area. A small number of completed client satisfaction surveys have been completed. A discussion took place on how the number of completed satisfaction questionnaires could be increased. Ms Rowan confirmed that the results of completed client surveys will be collated to provide a summary report on the first anniversary of her operating the business. Ms Rowan also confirmed that the summary report will be made available to clients and other interested parties and that an action plan will be developed to inform and improve services provided, if appropriate.

Client and staff views

All three 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. 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 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

6.7 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

There was a clear organisational structure within the establishment and Ms Rowan confirmed that authorised operators were aware of who to speak to if they had a concern. Ms Rowan also confirmed that there were good working relationships and she is responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Rowan is the nominated individual with overall responsibility for the day to day management of the service.

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. Ms Rowan confirmed that the other authorised operator is aware of the policies and how to access them.

A copy of the complaints procedure was available in the establishment. Ms Rowan demonstrated a 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.

Discussion with Ms Rowan 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.

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

A whistleblowing/raising concerns policy was available. Ms Rowan confirmed that the other authorised operator is aware of who to contact if they had a concern.

Ms Rowan, registered manager, 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 three clients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. 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 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

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) 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 19 (2), Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2017</p>	<p>The registered person must ensure that an AccessNI enhanced disclosure check is undertaken and reviewed for the identified authorised operator. The registered person must ensure that an AccessNI enhanced disclosure checks is received and reviewed prior to any new authorised operators commencing work in the future.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The AccessNI check has now been completed and passed. I the future i will have this completed before any new staff start work.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2), Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 8 November 2017</p>	<p>The registered person must ensure that staff personnel files for authorised operators recruited in the future, contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This has already been put in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation Schedule 3, Part II, 3</p> <p>Stated: First time</p> <p>To be completed by: 8 November 2017</p>	<p>The registered person must ensure that the laser and IPL registers are completed every time treatment is provided.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This has already been put in place.</p>

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 13.3 Stated: First time To be completed by: 8 November 2017	Records of induction should be retained for any new authorised operators who commence employment in the future. Ref: 6.4
	Response by registered person detailing the actions taken: We have started our introduction file for all new staff that may join us in the future.
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: 8 January 2018	The recruitment and selection policy should be further developed to include that AccessNI enhanced disclosure checks must be undertaken and received prior to any new authorised operators commencing work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: All new staff will have there Access NI checks before they start work at Laserway.

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



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