

Announced Care Inspection Report 26 November 2018



Laserway Laser Clinic

**Type of Service: Independent Hospital (IH) –
Cosmetic 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

Laserway Laser Clinic is registered as an Independent Hospital (IH) with the following categories of care: 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. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.

Laser equipment

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

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

Types of Laser Treatment Provided – hair reduction, tattoo removal, skin rejuvenation including vascular and pigmented blemishes, photo rejuvenation general and pigmented lesion treatments

Types of Intense Pulse Light (IPL) Treatments Provided - skin rejuvenation and acne treatment, wrinkle reduction

3.0 Service details

Organisation/Responsible Individual: Laser Room Cosmetics Limited Ms Emily Rowan	Registered Manager: Ms Rachel Hunter (Acting manager)
Person in charge at the time of inspection: Ms Emily Rowan	Date manager registered: 31 July 2018 (Acting manager)
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 26 November 2018 from 10:20 to 12:20.

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; authorised operator training; adult safeguarding; laser and IPL safety; the management of medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow clients to make informed choices.

An area for improvement has been identified against the regulations to ensure that all records relating to treatments are retained in keeping with legislative timescale.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Emily Rowan, 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 8 November 2017

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 8 November 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. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Ms Emily Rowan, responsible individual and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control

- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

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 Rowan, 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 8 November 2017

The most recent inspection of the establishment 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 8 November 2018

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 19 (2), Schedule 2, as amended Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with Ms Rowan and review of documentation evidenced that an AccessNI enhanced disclosure check had been undertaken for the identified authorised operator. Ms Rowan provided assurances that in the future an AccessNI enhanced disclosure check would be sought prior to any newly recruited authorised operators commencing work.	

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2), Schedule 2</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No authorised operators have been recruited since the previous inspection. Discussion with Ms Rowan evidenced that she is fully aware of the recruitment and selection documentation to be retained in respect of authorised operators. An authorised operator recruitment checklist in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available. Completion of this checklist will ensure that all relevant documentation will be sought and retained.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation Schedule 3, Part II, 3</p> <p>Stated: First time</p>	<p>The registered person must ensure that the laser and IPL registers are completed every time treatment is provided.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Five client treatment records were compared with the laser and IPL registers. All treatments recorded in the client treatment records had been recorded in the machine registers. It was noted that the earliest record in the registers was dated 24 May 2018. Ms Rowan advised that she shredded the previous register as it was damaged and unreadable when fluid was spilled on it. More information in this regard can be found in section 6.4 of this report.</p>		

Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	Records of induction should be retained for any new authorised operators who commence employment in the future.	Met
	Action taken as confirmed during the inspection: As discussed no authorised operators have been recruited since the previous inspection. The induction procedure is outlined in the establishments recruitment policy. However an induction template had not been recorded. Ms Rowan was advised that the induction template should identify the topic discussed, date of discussion and signature of the inductor and inductee against each topic. On the 03 December 2018 an induction template was submitted to RQIA.	
Area for improvement 2 Ref: Standard 14.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the recruitment policy evidenced that it had been further developed to specify that AccessNI enhanced disclosure checks must be undertaken and received prior to any new authorised operators commencing work in the future.	

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

Discussion with 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.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

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, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

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

There have been no authorised operators recruited since the previous inspection. As discussed, Ms Rowan confirmed that should authorised operators be recruited in the future robust systems and processes have been 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.

As discussed, a recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

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

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. Review of records demonstrated that Ms Rowan, 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.

A policy and procedures were in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. 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.

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 equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 9 June 2019.

Laser and IPL 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 equipment being used.

The appointed LPA has completed separate risk assessments for each machine; these were all dated 10 June 2018. 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 are 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

As discussed, review of the laser and IPL register evidenced that the first treatment recorded in the registers was dated 24 May 2018. Ms Rowan advised that the previous register had fluid spilled over it and as a result it was damaged and unreadable. Ms Rowan decided to shred the register as it was no longer readable. Ms Rowan was advised that the requirement to maintain a register is outlined in Schedule 3 Part II (3) of The Independent Health Care Regulations (Northern Ireland) 2005 and that registers should be retained in keeping with Schedule 3 Part I of the regulations. 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 for the Candela Max laser was dated 1 November 2018; the reports for the Alma Harmony and the Ellipse IPL machines were dated 5 and 6 October 2017. The service level agreement for the Alma Harmony and the Ellipse IPL machines indicates that the machines require servicing by an engineer every three years.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Rowan evidenced that she was aware what action to take in the event of a medical emergency. There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms 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.

Arrangements are in place for maintaining the environment; records of servicing and maintenance were available in respect of portable appliance testing and the firefighting equipment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to authorised operator training, arrangements in respect of future staff recruitment, adult safeguarding, laser and IPL safety, management of emergencies, infection prevention and control and the environment.

Areas for improvement

Treatment records must be retained in keeping with the timescales specified in Schedule 3 Part 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Areas for improvement	1	0

6.5 Is care effective?

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

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. As discussed, an area for improvement against the regulations has been made in regards to the retention of records.

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.

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.

Discussion with Ms Rowan regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a locked cupboard.

Client satisfaction surveys are carried out by the establishment on a routine basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate. Some comments from clients included:

- “1st rate experience. Very good as always.”
- “Worth the money, very fair, much better than England.”
- “Excellent.”
- “Fantastic service, so reassuring and helpful. Highly recommend.”

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

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 that 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 operators are 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.

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 is 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 authorised operators are aware of who to contact if they had a concern.

Ms Rowan, responsible individual, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Rowan 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.

Ms Rowan advised that there is a possibility that she will relocate to an adjoining premises during 2019: that she is exploring offering additional facial aesthetics treatments to include injectables, such as Botox and fillers and that a doctor may be involved in these treatments. A discussion took place in regards to the implications of these scenarios on the registration of Laserway Laser Clinic. Ms Rowan was advised that if relocating to new premises she would need to submit a variation to registration application and that she may need an additional category of care if the doctor prescribing/administering injectables is considered to be a private doctor. Ms Rowan was encouraged to keep RQIA updated in this regard.

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 Rowan.

6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All 20 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 clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Rachel is an excellent therapist, I would highly recommend.”
- “This is the best laser clinic I have been to in the world. Staff are very professional, careful and treat us in a very compassionate way.”
- “Very professional team and excellent care.”
- “Very good care and treatment, highly recommend.”
- “Very good service and care.”

- “Very happy with service and staff. Very efficient helpful and put me at ease.”
- “Always very well looked after. Treatment is fully explained and I feel informed. Excellent service.”
- “Due to a previous medical issue, everything was explained and checked thoroughly with my GP prior to starting, which gave me peace of mind.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Emily Rowan, responsible individual, 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 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 21 (3) (c)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2018</p>	<p>The responsible individual must ensure that treatment records are retained in keeping with the timescales specified in Schedule 3 Part 1 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: I will now ensure that all treatment records and log books are in keeping with the timescales in Schedule 3 Part 1 of the independent Health Care Regulations.</p>
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Please ensure this document is completed in full and returned via Web Portal



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