

# Announced Care Inspection Report 27 September 2018



## The Laser Clinic NI

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

**Address: 677 Lisburn Road, Belfast, Antrim, BT9 7GT**

**Tel No: 028 2565 5603**

**Inspector: Carmel McKeegan**

[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

The Laser Clinic NI is an Independent Hospital (IH) – Cosmetic Laser service which provides laser hair removal.

### Laser equipment:

- Manufacturer: Asclepion
- Model: MeDioStar NeXT PRO
- Serial Number: 159103816
- Laser Class: Class 4
- Wavelength: 755-950nm

**Laser protection advisor (LPA):**

- Ms Anna Bass

**Laser protection supervisor (LPS):**

- Miss Judith Laverty

**Medical support services:**

- Dr Paul Myers

**Authorised operators:**

- Miss Judith Laverty, Ms Josephine Robb and Ms Robyn Chambers

**Types of treatment provided:**

- Laser hair removal

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Miss Judith Laverty t/a The Laser Clinic NI	<b>Registered Manager:</b> Miss Judith Laverty
<b>Person in charge at the time of inspection:</b> Miss Judith Laverty	<b>Date manager registered:</b> 29 November 2017
<b>Categories of care:</b> Independent Hospital (IH) - PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

Miss Judith Laverty is also the registered person for The Laser Clinic Northern Ireland located in Ballymena.

**4.0 Inspection summary**

An announced inspection took place on 27 September 2018 from 14.00 to 15.35.

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 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 included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Six areas of improvement were identified during this inspection. Two areas of improvement were made against the regulations in relation to the recruitment and selection of staff. One to ensure all required documentation is provided for any new authorised operator prior to commencement of employment and one to ensure an AccessNI enhanced disclosure check is completed for the identified authorised operators and for any new authorised operator commencing employment in the future.

Four areas of improvement were made against the standards to ensure a record of induction is completed for any new authorised operator; to establish a system of annual performance appraisal for all authorised operators; to ensure authorised operators undertake training in the protection of adults at risk of harm and to ensure an annual patient consultation process is undertaken with the findings collated in an anonymised format in a summary report which is made available to clients and other interested parties.

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
<b>Total number of areas for improvement</b>	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Miss Judith Laverty, registered person and authorised operator 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 10 November 2017

No further actions were required to be taken following the most recent inspection on 10 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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Completed client questionnaires were provided to the inspector at the conclusion of the inspection and were analysed following the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection, no staff questionnaires were received by RQIA.

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

During the inspection the inspector met with Miss Judith Laverty, registered person and authorised operator.

The following records were examined during the inspection:

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

The findings of the inspection were provided to Miss Laverty at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 10 November 2017

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

## 6.2 Review of areas for improvement from the last care inspection dated 10 November 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

Discussion with Miss Laverty confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. The establishment has three authorised operators.

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

Two new authorised operators have been recruited since the previous inspection. Miss Laverty confirmed that the new authorised operators had completed a programme of induction however this had not been documented. Advice and guidance was provided in this regard. An area of improvement has been made against the standards to ensure that a record of induction is provided for any new authorised operator.

Miss Laverty confirmed that no formal arrangements are in place for appraising staff performance. However, should staff performance issues be identified they are managed at the time. An area of improvement has been made against the standards to ensure that a system is implemented for appraising staff performance at least on an annual basis with a record retained.

A review of training records evidenced that all authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety.

As previously stated Miss Laverty has completed level 2 training in the safeguarding of adults at risk of harm, it was confirmed that two authorised operators had not yet completed safeguarding training. This is discussed further in the safeguarding section of this report.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

### Recruitment and selection

Discussion with Miss Laverty confirmed that since the previous inspection two new authorised operators had been recruited. Miss Laverty confirmed that no recruitment documentation had been sought for either staff members. Miss Laverty stated that she understood that recruitment checks and documents were only required for the registered person and registered manager.

Miss Lavery was advised that any new authorised operator must have all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 sought and retained for inspection. An area of improvement has been made against the regulations.

It was identified that neither of the new authorised operators had an AccessNI enhanced check undertaken. Miss Lavery was advised that an AccessNI enhanced disclosure check must be completed for the identified authorised operators and confirmation provided to RQIA upon return of the QIP. Miss Lavery was also advised to ensure an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future. An area of improvement has been made against the regulations.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. Miss Lavery was advised that this policy and procedure should have been followed when recruiting new staff. Miss Lavery was also provided with a recruitment check list, which if completed during the recruitment process for any new authorised operators, will ensure that all required documentation is in place.

## **Safeguarding**

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

Miss Lavery was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified and confirmed that the other authorised operators are aware that she is the nominated safeguarding lead. As previously stated Miss Lavery has completed formal level 2 training in safeguarding adults in keeping with the NIASP training strategy (revised 2016).

As previously discussed not all authorised operators in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014 and an area of improvement has been made against the standards in this regard.

Policies and procedures were in place for the safeguarding and protection of adults. The policies 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 also available for staff reference.

## **Laser safety**

A laser safety file was in place which contained all of the relevant information in relation to laser 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 on 14 August 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers and are due for review in November 2018. Systems are in place to review the medical treatment protocols on an annual basis. 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 equipment being used.

The establishment's LPA completed a risk assessment of the premises on 14 August 2018 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during laser 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 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. Discussion with Miss Laverty confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

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

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use. A copy of the arrangements for the safe custody of the laser key was provided to RQIA on 14 November 2017, following the previous inspection. 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 equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and includes:

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

There are arrangements in place to maintain the laser equipment in line with the manufacturer's guidance. The laser machine remains under the manufacturer's warranty, Miss Laverty confirmed that this will be converted to a service contract when the warranty expires.



## Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were 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 Miss Lavery 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 were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Areas of good practice

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

## Areas for improvement

A record of induction should be completed for all new authorised operators.

A system should be implemented for appraising staff performance at least on an annual basis and a record retained.

All recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be provided for the new authorised operator recruited since the previous inspection and for any new authorised operators recruited in the future.

An AccessNI enhanced disclosure check must be completed and the outcome recorded prior to any authorised operator commencing employment in the future. An AccessNI enhanced disclosure check must be completed for the identified authorised operators and confirmation provided to RQIA upon return of the QIP.

Authorised operators should undertake training in the safeguarding of adults at risk of harm as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

	Regulations	Standards
Areas for improvement	2	3

## 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 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.

Four 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.

Discussion with Miss Laverty and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the (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.

A policy for advertising and marketing was not available, however following the inspection it was ascertained that an advertising policy in respect of The Laser Clinic NI (Belfast) had been provided to RQIA by email on 14 November 2017. Miss Laverty confirmed that an advertising policy would be included and retained with the other policies in the laser protection file.

### 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 further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Dignity respect and involvement with decision making

Discussion with Miss Laverty 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 cabinet.

The Laser Clinic NI started providing a laser service in November 2017. Miss Laverty stated that systems have been implemented to gather feedback from clients however a summary report has not yet been provided for clients. An area of improvement against the standards has been made in this regard.

### 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

A client satisfaction consultation process should be undertaken annually, the findings should be collated in a summary report in an anonymised format. The summary report should be made available to clients and other interested parties on an annual basis.

	Regulations	Standards
Areas for improvement	0	1

### 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 Miss Laverty confirmed that the other authorised operators are aware of their roles and responsibilities and who to speak to if they have a concern. Miss Laverty confirmed that there were good working relationships and that any concerns or suggestions raised by the other authorised operators would be addressed. Miss Laverty has 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. Miss Laverty confirmed that the other authorised operators are aware of the policies and how to access them.

Discussion with Miss Laverty demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Miss Laverty demonstrated an awareness of complaints management.

Discussion with Miss Laverty 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.

Miss Laverty confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. As previously stated an area of improvement has been made against the standards to provide clients with a copy of the annual patient consultation summary report.

A whistleblowing/raising concerns policy was available. Miss Laverty confirmed that the other authorised operators are aware of who to contact if they have a concern.

Miss Lavery, as 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. Miss Lavery 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.

**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
<b>Areas for improvement</b>	0	0

**6.8 Equality data**

**Equality data**

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

**6.9 Client and staff views**

Eleven clients submitted questionnaire responses to RQIA. All 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 or satisfied with each of these areas of their care. The following comments were provided in submitted questionnaires:

- I have experience with other clinics and the Laser Clinic has been the best one. Staff have always been very friendly and helpful. Excellent service from the Lisburn Road clinic.’
- ‘Care/treatment currently has been of high quality.’

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Judith Laverty, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 November 2018</p>	<p>The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the newly recruited authorised operator and for any new authorised operators recruited in the future.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Each member of staff of the laser clinic NI has a personnel file consisting of CV , job description, method of payment, medical fitness form, certificates of education including, laser hair removal, core knowledge, courses such as beauty training, next of kin, induction checks.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 November 2018</p>	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified authorised operators, confirmation of this should be provided to RQIA upon return of this QIP.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Access ni enhanced disclosure have been carried out and certificates will be presented.</p>

<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:</b> Standard 13.3  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2018	<p>The registered person shall ensure that a record of induction is completed for all new authorised operators.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed, paper work provided.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2018	<p>The registered person shall ensure that a system is implemented for appraising staff performance at least on an annual basis and a record retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Appraisal completed paper work provided.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 3.8 and 3.9  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2018	<p>The registered person shall ensure that authorised operators undertake training in the safeguarding of adults at risk of harm as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed, certificates provided.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 5.1 and 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2018	<p>The registered person shall ensure that a client satisfaction consultation process is undertaken annually, the findings should be collated in a summary report in an anonymised format. The summary report should be made available to clients and other interested parties.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> We have a rating from our online system annually, this year we have a 5 star rating, we also hand out forms for clients to fill in anonymously.</p>

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





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