



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: The Cottage Health and Beauty Spa
Establishment ID No: 10755
Date of Inspection: 14 January 2015
Inspector's Name: Jo Browne
Inspection No: 18585

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	The Cottage Health and Beauty Spa
Address:	7 Old Moy Road Dungannon BT71 6PS
Telephone number:	028 8775 3378
Registered organisation/ registered provider:	Alison Blair
Registered manager:	Alison Blair
Person in charge of the establishment at the time of inspection:	Alison Blair
Registration category:	PT (IL) - Prescribed techniques or prescribed technology: establishments using intense light sources.
Date and time of inspection:	14 January 2015 10.00–11.30
Date and type of previous inspection:	Announced 24 January 2014
Name of inspector:	Jo Browne

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- analysis of pre-inspection information and self-assessment;
- discussion with the registered provider/manager, Mrs Alison Blair;
- examination of records;
- tour of the premises; and
- evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	6
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2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSPPS Minimum Care Standards for Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 16 – Management and Control of Operations
- Standard 48 – Laser and Intense Light Sources

3.0 Profile of Service

The Cottage Health and Beauty Spa is a purpose built establishment offering a range of therapies in addition to Intense Pulsed Light (IPL) procedures. The clinic is based in a rural location on the Old Moy Road outside Dungannon.

There is a waiting area and toilet facilities available for patient use.

The clinic is accessible for clients with a disability.

The clinic has one IPL system.

IPL Equipment

Manufacturer:	Energist
Model:	Energist Ultra Plus VPL System
Serial Number:	P02087

Laser Protection Advisor

Mr Philip Loan

Medical Advisor

Dr Maria Gonzales

Laser Protection Supervisor

Mrs Alison Blair

Authorised User

Mrs Alison Blair

Treatments provided

- Hair removal
- Skin rejuvenation
- Vascular blemishes
- Fine thread veins

The Cottage Health and Beauty Spa is registered as an independent hospital with the PT(IL) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 14 January 2015 from 10.00 to 13.30. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments.

There were no requirements or recommendations made as a result of the previous annual announced inspection on 24 January 2014.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Mrs Alison Blair was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Mrs Blair collates the information from the questionnaires into a summary report which is made available to clients and other interested parties.

The Cottage Health and Beauty Spa had a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. Mrs Blair displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered person/manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The establishment has systems in place to audit the quality of service provided as outlined in the main body of the report. The inspector discussed further audits which could be undertaken to monitor the quality of the service provided.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered person/manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

A Statement of Purpose and Client Guide were in place which reflected legislative and best practice guidance.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

The establishment has an IPL register which is completed every time the equipment is operated.

Seven client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided.

A risk assessment had been undertaken by the establishment's LPA in February 2014 and no issues were identified.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the IPL equipment. Other staff working in the establishment, but not directly involved in the use of IPL equipment, have received laser safety awareness training.

The environment in which the IPL equipment is used was found to be safe and controlled. Protective eyewear was available for the client and operator as outlined in the local rules.

Laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.

Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector. A laser safety file was in place.

The certificate of registration was clearly displayed in the IPL treatment room.

No requirements or recommendations were made as result of this inspection.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Mrs Alison Blair for her hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No requirements or recommendations were made as a result of the previous inspection.

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>The Cottage Health and Beauty Spa obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients and six were returned and completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> • “Very friendly and efficient service” • “Very accommodating to my work and personal schedule. Would be happy to recommend” • “Excellent service with very helpful pleasant staff who work in a very professional manner” • “Alison answered all the questions I had regarding laser treatments and was very reassuring” <p>The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read.</p>	

Evidenced by:

Review of client satisfaction surveys

Review of summary report of client satisfaction surveys

Summary report made available to clients and other interested parties

Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Client Guide. The registered provider/manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

- Review of complaints procedure**
- Complaint procedure made available to clients and other interested parties**
- Discussion with registered provider/manager**
- Review of complaints records**
- Review of the audit of complaints**

STANDARD 9	
Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
<p>The registered provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered provider/manager and review of training records confirmed that systems are in place to ensure that appropriate training is undertaken when new procedures are introduced.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> • Client satisfaction survey <p>The inspector discussed other audits which could be undertaken to monitor the quality of service provided.</p> <p>The registered provider/manager is involved in the day to day running of the establishment.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered provider/manager confirmed that no research is currently being undertaken within the establishment.</p>	

Evidenced by:

- Review of policies and procedures**
- Discussion with registered provider/manager**
- Review of monitoring reports**
- Review of audits**
- Review of incident management**
- Review of research arrangements**

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered provider/manager confirmed that they undertake training relevant to their role and responsibilities.</p> <p>The inspector reviewed the establishment’s Client Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificate of registration was clearly displayed in the treatment room of the premises.</p>	

Evidenced by:

- Review of policies and procedures**
- Review of training records**
- Review of Client Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

STANDARD 48	
Laser and Intense Light Sources:	Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.
<p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. The establishment has a list of fees available for each IPL procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the treatment provided and the individual requirements of the client.</p> <p>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.</p> <p>Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>IPL procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Maria Gonzalez on 06 January 2015. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> • Indications • Contraindications • Technique • Pre-treatment tests • Pre-treatment care • Post-treatment care • Recognition of treatment related problems • Procedure if anything goes wrong with the treatment • Permitted variation on machine variables • Procedure in the event of equipment failure <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The inspector reviewed the service level agreement between the establishment and the LPA which expires on 20 May 2015.</p> <p>The establishment has local rules in place which have been developed by their LPA on 20 February 2014.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> • The potential hazards associated with lasers • Controlled and safe access • Authorised operator's responsibilities • Methods of safe working 	

- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.

A list of authorised users is maintained and the authorised user has signed to state that they have read and understood the local rules and medical treatment protocols.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

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

Seven client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in February 2015 and no recommendations were made.

The authorised user has completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.

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

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 24 September 2014 was reviewed as part of the inspection process.

There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.

Evidenced by:

Discussion with registered provider/manager

Review of policies and procedures

Review of information provided to clients

Review of local rules

Review of medical treatment protocols

Review of IPL register

Review of client care records

Review of LPA's risk assessment

Review of training records

Review of premises and controlled area

Review of maintenance records

Review of laser safety file

7.0 Quality Improvement Plan

The details of the inspection were discussed with Mrs Alison Blair as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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

Enquiries relating to this report should be addressed to:

**Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

**Jo Browne
Inspector/Quality Reviewer**

Date



The Regulation and
Quality Improvement
Authority

Report Approval

Announced Inspection

The Cottage Health and Beauty Spa

20 January 2015

No requirements/recommendations resulted from the announced inspection of The Cottage Health and Beauty Spa undertaken on 20 January 2015 and I ~~agree~~ **agree**/~~do not agree~~ **agree*** with the content of the report.

** Please delete as appropriate*

Please provide any additional comments or observations you may wish to make:

please turn over →

The registered provider/manager is required to sign this declaration and return to:

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

SIGNED: 
 Registered Provider

SIGNED: 
 Registered Person in Control
 (or Designated Person in Control)

NAME: ALISON B BLAIR
 (PRINT)

NAME: ALISON B BLAIR
 (PRINT)

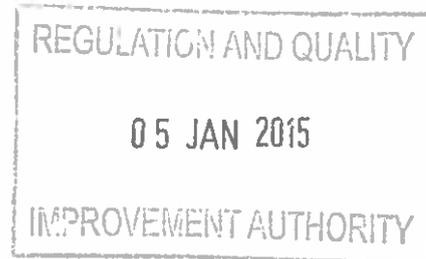
DATE: 4/2/15

DATE: 4/2/15

DATE RECEIVED	APPROVED	SIGNATURE OF INSPECTOR
9/2/15	yes	



**The Regulation and
Quality Improvement
Authority**



Pre-Inspection Self-Assessment Laser/IPL Service

Name of Establishment: The Cottage Health and Beauty Spa
Establishment ID No: 10755
Date of Inspection: 14 January 2015
Inspector's Name: Jo Browne
Inspection No: 18585

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the establishment since the previous inspection?		✓
Yes, please comment		

Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
No, please comment		

Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual client?	✓	
Are arrangements in place to securely store client care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	✓	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	✓	
No, please comment		

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	✓	
No, please comment		

Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between clients?	✓	
No, please comment		

Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	?	N/A
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
No, please comment No staff.		

Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	N/A	
Are training records available which confirm that the following mandatory training has been undertaken: <i>ONGOING</i>		
AUTHORISED USERS	YES	NO
Core of knowledge training – within the past 5 year years	✓	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	✓	
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	✓	
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually		✓
If No, please comment		

Appraisal

	YES	NO
Does the establishment have an appraisal policy and procedure in place?		
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)		N/A
No, please comment		

Qualifications of Medical Practitioners and Nurses

N/A

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?		
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?		
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?		
Are arrangements in place to ensure medical practitioners have a responsible officer?		
No, please comment		

Lasers/IPL Service

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report?	✓	
Has the establishment an up to date risk assessment undertaken by their LPA?	✓	
Does the establishment have up to date local rules in place?	✓	
Does the establishment have up to date medical treatment protocols in place?	✓	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	✓	
Does the establishment have arrangements in place for a medical support service?	✓	NA
Does the establishment have a list of authorised users?	✓	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	✓	
Does the establishment have protective eyewear in place, as outlined in the local rules?	✓	
Is the controlled area clearly defined?	✓	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	✓	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	✓	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	✓	
Does the establishment have a laser/IPL safety file in place?	✓	

*

Does the establishment have a laser/IPL register(s) in place?	✓	
No, please comment		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
Alison Blair		RMP.	24/12/14