The Regulation and Quality Improvement Authority

RQIA Provider Guidance 2023-2024

Independent Health Care

Cosmetic Laser/Intense Pulse Light

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has four main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the Strategic Planning and Performance Group (SPPG), HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.
- We support establishments and service providers to improve the service they deliver.

All work undertaken by RQIA is focused on the following four domains:

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers, inspects and supports a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent hospitals; independent clinics; independent medical agencies; nursing agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The four domains

How we will inspect

We will inspect every cosmetic laser/intense pulse light services at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection in response to concerns that may be raised with us.

When we inspect a cosmetic laser/intense pulse light service, we aim to provide assurances in respect of the standard, quality and safety of services delivered. We do this by:

- Seeking the views of the people who use the service, or their representatives.
- Talking to the management and other staff on the day of the inspection.
- Examining a range of records including care records, incidents, complaints and policies.
- Providing feedback on the day of the inspection to the registered person/manager on the outcome of the inspection.
- Providing a report of our inspection findings and outline any areas for quality improvement.

Our inspections are 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
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2022
- The Department of Health (DOH) Minimum Care Standards for Healthcare Establishments July 2014

Provider guidance in respect of the maintenance and upkeep of the premises and the management of medicines are also available on our website. These documents should be reviewed to ensure compliance with the minimum standards and legislation.

Should you have additional categories of care, please ensure that you review and adhere to the relevant provider guidance document i.e. Private Doctor (PD).

What we look for when we inspect

To help us to report on whether care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators.

Is care safe?

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

Indicator S1
There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of evidence

Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the establishment and clients.
- There are arrangements in place for maintaining a record of the shifts worked by each staff member to include a record of the hours worked by each person.
- There is an induction programme in place appropriate to the role.
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role including professional body continuing professional development (CPD) requirements and RQIA training guidance.
- A system is in place to ensure staff receive annual appraisal and records are retained.

Laser/Intense Pulsed Light (IPL) authorised operators

- Laser and intense light source procedures are carried out by authorised operators.
- A register of authorised operators for the laser/IPL machines is maintained and kept up to date.

Recruitment and selection

- Authorised operators recruited since the previous inspection have been recruited in line with Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.
- There is a written policy and procedure for staff recruitment in keeping with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended.
- Enhanced AccessNI checks are received prior to all new staff commencing work.
- All staff involved in Regulated Activity with adults or Regulated Activity with children must have their enhanced AccessNI disclosure checked against the barred list in keeping with AccessNI code of practice.
- Recruitment and selection records should be retained for three years from the date of last entry in keeping with Regulation 21 (3) Schedule 3 Part II.
- An up to date staff register should be maintained and retained in keeping with Regulation 21 (3) Schedule 3 Part II.

Indicator S2
The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of evidence

Adult

- Policies and procedures are in line with the regional Adult Safeguarding Prevention and Protection in Partnership policy (July 2015) and Northern Ireland Adult Safeguarding Partnership Operational Handbook June 2017.
- The establishment has identified an adult safeguarding champion (if required).
- There is an identified safeguarding lead and staff are aware of who the safeguarding lead is.
- There are arrangements in place to embed the regional adult safeguarding operational procedures.
- All staff receive the relevant level of training as outlined in RQIA training guidance.
- Staff training should be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Framework (revised June 2016).
- Staff are knowledgeable about adult safeguarding and are aware of their obligations in relation to raising concerns.
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured.
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns.

Children

- Policies and procedures are in line with the regional Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and Safeguarding Board for Northern Ireland (SBNI) Procedures Manual (November 2017).
- There is an identified safeguarding lead and staff are aware of who the safeguarding lead is.
- There are arrangements in place to embed the regional procedures.
- All staff receive the relevant level of training as outlined in RQIA training guidance.
- Staff training should be in keeping with SBNI Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023.
- Staff are knowledgeable about safeguarding children and are aware of their obligations in relation to raising concerns.
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured.
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns.

Laser/IPL safety

- Medical treatment protocols are produced by a named registered medical practitioner who is trained and experienced in the relevant discipline.

- There is a system in place for the continuous review of treatment protocol/s by the named registered medical practitioner.
- Local rules are in place that detail the normal operation of equipment.
- There is written confirmation of the appointment and duties of a certificated laser protection advisor (LPA) that is renewed annually.
- There is written confirmation of the appointment and duties of a person who has overall onsite responsibility for safety during laser and IPL procedures.
- Authorised operators have up to date training in laser and intense light sources safety and use that complies with current legislative requirements and professional guidelines.
- Authorised operators have signed to indicate that they have accepted and understood the local rules and medical treatment protocols drawn up for the use of lasers and intense light sources.
- All support staff have up to date awareness training in laser and intense light source safety.
- While the equipment is in use, the safety of all persons in the controlled area is the responsibility of a named member of staff.
- A register is maintained every time the laser or intense light equipment is operated.
- A laser safety file is in place which contains all of the relevant information in relation to laser or IPL equipment.

Indicator S3
There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of evidence

Management of medical emergencies

- A policy in relation to the management of medical emergencies is in place (to include training arrangements, provision of equipment, emergency medication, checking procedures, how to summon help, incident documentation and staff debriefing).
- Procedures are in place in relation to the management of medical emergencies.
- Management of a medical emergency is included in induction and update training is provided annually.
- Staff have knowledge and understanding of managing a medical emergency.

Infection prevention control and decontamination procedures

- The environment is clean and clutter free.
- Infection prevention and control (IPC) policies and procedures are in place in keeping with The Northern Ireland Regional Infection Prevention and Control Manual.
- Staff have knowledge and understanding of IPC measures in line with best practice including the decontamination of laser/IPL machines.
- There are cleaning schedules in place.

COVID-19

- COVID-19 policies and procedures are in place in adherence to best practice guidance and outline the management of operations in response to COVID-19
- Staff should have knowledge and understanding and adhere to the most up to date DoH guidance.
- Arrangements are in place to routinely review the websites listed below:
  Public Health Agency (PHA) Covid-19 webpage:
  https://www.publichealth.hscni.net/covid-19-coronavirus

Northern Ireland (NI) direct Covid-19 webpage:
https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19
UK Health Security Agency advice for health professionals:
https://www.gov.uk/government/collections/wuhan-novel-coronavirus

COVID-19 policies and procedures should outline the management of operations in response to COVID-19 to include the following arrangements: establishment preparation; staff preparation; client pathway; enhanced cross infection control procedures and clinical prioritisation

Laser/IPL safety

- There are arrangements in place to ensure that all Class 3B/4 lasers and IPL machines meet British Standard 60-825-1 as specified within The Independent Health Care Regulations (Northern Ireland) 2005.
- There is a system in place to ensure that the safe use of lasers is in accordance with the Medicines & Healthcare products Regulatory Agency (MHRA) Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices guidance document.
- A risk assessment is undertaken by the laser protection advisor every three years.
- For all lasers and intense light sources with a key switch, there are formal written arrangements for the safe custody of the key, separate from the equipment.
- The key is not left unattended with the equipment.
- Protective eyewear is available for the client and authorised operator in accordance with the local rules.

Risk management

- There are risk management procedures in place.
- All risks in connection with the establishment, treatment and services are identified, assessed and managed.
- Arrangements are in place to provide evidence of appropriate review of risk assessments.
- Any findings/learning arising from risk assessments should be implemented and assured.
- An overarching corporate risk register is in place which details the measures in place to mitigate and control identified risks.

Indicator S4
The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of evidence

Environment

- The establishment is clean, clutter free, warm and pleasant.
- There are no obvious hazards to the health and safety of clients and staff.
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems /fire-fighting equipment/fixed electrical wiring installation).
- Arrangements are in place to ensure that environmental risk assessments are reviewed on an annual basis by a competent person.
- Any findings/learning arising from risk assessments should be implemented and assured.

Laser/IPL equipment and controlled areas

- The area around lasers and intense light sources is 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.
- Only one laser or intense light source is in use in the same controlled area at the same time.
- Warning signs that comply with current legislation, directives and standards are displayed on the equipment and on the outside of doors to the controlled area (and removed when the equipment is not in use).
- The door of the treatment room is locked when the laser or intense light equipment is in use but can be opened from the outside in the event of an emergency.
- Lasers and intense light sources are serviced and maintained in accordance with manufacturer's instructions to ensure they are operating within their design specification. A detailed record of all servicing and repairs is maintained.

Is care effective?

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

Indicator E1
The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of evidence

Care pathway

- All clients have a consultation appointment with the authorised operator who will be carrying out the laser or intense light procedure to assess the client. This is documented in the treatment record.
- There are accurate and up to date treatment records maintained for every client.
- Provision is made for a follow-up service to ensure effective continuity of care for the client.
- Record keeping is in accordance with legislation, standards and best practice guidance GMGR records management.
- A record keeping policy and procedure is available which includes the arrangements in relation to the creation, storage, recording, retention and disposal of records and data protection.
- Records are securely stored (electronic and hard copy).
- The establishment is registered with the Information Commissioners Office (ICO), if applicable.
- Staff have a good knowledge of effective records management.
- The establishment has arrangements in place to comply with the General Data Protection Regulation (GDPR).
- A client register in keeping with Schedule 3 Part II of the Independent Health Care Regulations (Northern Ireland) 2005 is maintained and kept-up to date.

Indicator E2
There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of evidence

- A range of audits are undertaken routinely and actions identified for improvement are implemented into practice.
- Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structures.

Indicator E3
There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of evidence

- 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.
- Advertising and marketing campaigns comply with guidance issued by professional bodies and the appropriate regulatory body.
- There is an open and transparent culture that facilitates the sharing of information.
- Clients are aware of who to contact if they want advice or have any issues/concerns.
- Staff meetings are held on a regular basis and minutes are retained.
- Staff can communicate effectively.
- Learning from complaints/incidents/near misses is effectively disseminated to staff, implemented and assured.

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1
There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of evidence

- Staff can demonstrate how clients' privacy and dignity are respected at all times.
- Staff can demonstrate how confidentiality is maintained.
- Staff can demonstrate how consent is obtained.
- There is a written policy and procedure on obtaining informed consent in line with DoH guidance on consent treatment and care.
- Clients' rights to make informed choices about care and treatment are acknowledged and respected.
- There are arrangements in place to assist clients with a disability or who require extra support.
- There is a policy and procedure on maintaining confidentiality which is regularly assured.

Indicator C2
Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of evidence

- There are arrangements in place to support clients to make informed decisions.
- There are arrangements for providing information in alternative formats/interpreter services, if required.
- There is a suitable location for private consultation.

Indicator C3
There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of evidence

Client consultation

- Client consultation (client satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis.
- The results of the consultation are collated to provide a summary report.
- The summary report is made available to clients and a subsequent action plan is developed to inform and improve services.
- RQIA staff/client questionnaire responses are reviewed and used to improve services.

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1
There are management and governance systems in place to ensure the overall quality and safety of services provided.

Examples of evidence

Governance arrangements

- Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, arrangements are in place to ensure the registered person/nominated representative monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate).
- There are arrangements in place for policies and procedures to be reviewed at least every three years.
- Policies are centrally indexed, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff.
- Arrangements are in place to provide evidence of an appropriate review of risk assessments e.g. legionella, fire, Control of Substances Hazardous to Health (COSHH).

Complaints

- The establishment has a complaints policy and procedure in accordance with the relevant legislation and DoH Guidance in relation to the Health and Social Care Complaints Procedure (Updated April 2023).
- There are clear arrangements for the management of complaints.
- Records are kept of all complaints to include details of all communications with complainants, investigation records, the result of any investigation, the outcome and the action taken.
- Staff know how to receive and deal with complaints.
- Arrangements are in place to audit complaints to identify trends and improve services provided.
- Themes emerging from complaints are analysed with input from other relevant governance committees and any themes identified are disseminated to all staff.
- Complaints are triaged to identify if there are any clinical issues which need to be further reviewed in line with risk management procedures.

Statutory notification of incidents and deaths to RQIA

- The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.
- Incidents are effectively documented and investigated in line with legislation.
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures and RQIA Statutory Notification of Incidents and Deaths guidance.
- Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Equality

- The management have systems in place to consider equality for clients.

Indicator L2
There are management and governance systems in place that drive quality improvement.

Examples of evidence

Quality improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and clients.

Quality assurance

- Arrangements are in place for managing relevant alerts.
- Arrangements are in place for staff supervision and appraisal.
- There are procedures to facilitate audit, including clinical audit (e.g. records, incidents, accidents, complaints).
- Results of audits are analysed and actions identified for improvement are embedded into practice.

Indicator L3
There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the establishment.
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern.
- The registered person/s understands their roles and responsibilities as outlined in legislation.
- Clients are aware of roles of staff within the establishment and who to speak to if they need advice or have issues/concerns.
- The registered person is kept informed regarding the day to day running of the establishment.
- There are opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to clients' diverse needs.

Indicator L4 The registered person/s operates the service in accordance with the regulatory framework.
Examples of evidence • The Statement of Purpose and Client Guide are kept under review, revised when necessary and updated. • Insurance arrangements are in place for public and employer's liability. • Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement). • Any changes in the registration status of the establishment are notified to RQIA. • The RQIA certificate of registration is on display and reflective of services provided. • The establishment has the correct categories of registration in line with services provided and the legislation.
Indicator L5 There are effective working relationships with internal and external stakeholders.
Examples of evidence • Arrangements are in place for staff to access their line manager. • There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision). • There are systems in place to ensure that there are good working relationships and management are responsive to suggestions/concerns. • There are arrangements for management to effectively address staff suggestions/concerns. • There is a raising concerns/whistleblowing policy and procedural guidance for all staff.

Inspection reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards as a minimum. Where no areas of improvement are identified from the inspection, this will be reflected in the report.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.

The Regulation and Quality Improvement Authority

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RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews