

# Inspection Report

29 April 2021



## Aesthetic Enhancement Ltd

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

Address: 6 Carlisle Road, Londonderry, BT48 6JJ  
Telephone number: 077 1189 0094

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Rocha Celeste Limited</p> <p><b>Responsible Individual:</b> Ms Elaine McVeigh</p>	<p><b>Registered Manager:</b> Ms Elaine McVeigh</p> <p><b>Date registered:</b> 26 September 2016</p>
<p><b>Person in charge at the time of inspection:</b> Ms Elaine McVeigh</p>	
<p><b>Categories of care:</b> 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</p>	
<p><b>Brief description of how the service operates:</b> Aesthetic Enhancement Ltd provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment:</b> Manufacturer: Cynosure Model: Elite ELM+ Serial Number: ELM+2002 Laser Class: 4 Wavelength: 755nm Alexandrite 1064nm Nd:YAG</p> <p><b>IPL equipment:</b> Manufacturer: Ellipse Light Model: SP1 Serial Number: 06040714 Hand Pieces: VL-2, HR</p> <p><b>Laser protection advisor (LPA):</b> Mr Alex Zarneh</p> <p><b>Laser protection supervisor (LPS):</b> Ms Elaine McVeigh</p>	

**Medical support services:**

Dr Rupert Gabriel (for IPL treatments)  
 Dr Paul Reddy (for laser treatments)

**Authorised operator:**

Ms Elaine McVeigh

**Types of laser treatments provided:**

- hair reduction
- photo rejuvenation
- pigmented lesions
- facial and leg veins

**Types of IPL treatments provided:**

- hair reduction
- skin rejuvenation
- facial thread veins

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 29 April 2021 from 1:50pm to 3:50pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Aesthetic Enhancement Ltd was not inspected by RQIA during the 2020-21 inspection year.

In February 2021, Ms McVeigh submitted a variation to registration application in respect of Rocha Celeste Limited. This application was to relocate the establishment to 6 Carlisle Road, Londonderry, BT48 6JJ. The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection, assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to registration application.

An RQIA estates support officer, reviewed the variation to registration application in relation to matters relating to the premises.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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.

No immediate concerns were identified regarding the delivery of front line client care.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### 4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Aesthetic Enhancement Limited.

Posters were issued to Aesthetic Enhancement Limited by RQIA prior to the inspection inviting clients to complete an electronic questionnaire. No completed client questionnaires were submitted to RQIA prior to the inspection.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 December 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> First time	The registered person shall raise the issue of noncompliance of the laser with European Standard EN 60825 with the laser manufacturer and take appropriate steps to address this matter. Advice and guidance should be sought from the laser protection advisor (LPA) in this regard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met, further detail is provided in section 5.2.7.	

<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 48.6 <b>Stated:</b> First time	The registered person shall submit on return of this QIP, evidence confirming the dates of the service level agreement between the establishment and the LPA.  A copy of the service level agreement should be retained in the laser protection file.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met, further detail is provided in section 5.2.7.	
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 48.4 <b>Stated:</b> First time	The registered person shall provide to RQIA: <ul style="list-style-type: none"> <li>• confirmation of the contracted dates of the medical support services</li> <li>• confirmation that the IPL medical treatment protocols have been reviewed and clearly state the current review date</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met, further detail is provided in section 5.2.7.	

## 5.2 Inspection outcome

### 5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Ms McVeigh is the only person who works in Aesthetic Enhancement Ltd. In the new premises, it was observed that Aesthetic Enhancement Ltd shares floor space with another business that offers other cosmetic treatments. As these staff work in close proximity to the laser service these staff require laser/IPL safety awareness training. On 20 May 2021, Ms McVeigh submitted evidence via email to confirm that support staff have received laser/IPL safety awareness and records were retained in this regard.

Ms McVeigh told us that laser and IPL treatments are carried out by her as the sole authorised operator. The register of authorised operators for the laser and IPL machines reflects that Ms McVeigh is the only authorised operator.

A review of training records evidenced that Ms McVeigh has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

Appropriate staffing levels were in place to meet the needs of clients once the service is operational.

### **5.2.2 How does the service ensure that recruitment and selection procedures are safe?**

As discussed Aesthetic Enhancement Ltd does not employ any staff. However, there were robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection. There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Ms McVeigh confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

The recruitment of authorised operators complies with the legislation and best practice guidance.

### **5.2.3 How does the service ensure that is equipped to manage a safeguarding issue should it arise?**

Ms McVeigh stated that laser or IPL treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms McVeigh confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Ms McVeigh, 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 minimum standards.

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 reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

#### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

Ms McVeigh had up to date training in basic life support and was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

#### **5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?**

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The laser/IPL treatment room was clean and clutter free. Discussion with Ms McVeigh 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, Ms McVeigh has up to date training in infection prevention and control.

The service had appropriate arrangements in place in relation to IPC and decontamination

#### **5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms McVeigh who outlined the measures that will be taken by Aesthetic Enhancement Ltd to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The proposed management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

#### **5.2.7 How does the service ensure the environment is safe?**

Aesthetic Enhancement Ltd is located on the first floor of the premises and shares floor space with another business. The service has one treatment room and access to storage rooms. 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

As discussed, an RQIA estates support officer undertook a desktop review of the variation to registration application to move premises and corresponded directly with Ms McVeigh about matters relating to the premises. This variation has been approved from an estates perspective.

It was determined that appropriate arrangements were in place to maintain the environment.

### **5.2.8 How does the service ensure that laser and IPL procedures are safe?**

The laser and IPL equipment available in the service was reviewed to ensure that it was compliant with European Standard EN 60825-1 as specified in the regulations. It was confirmed that there has been no changes to the equipment since the previous inspection. As discussed in Section 5.1 of this report an area for improvement was made during the previous inspection to address a potential area of noncompliance with the laser. This related to the labelling of the machine. Following the previous inspection, Ms McVeigh submitted photographs of the machines labels via email and discussed the labelling of the laser with the appointed laser protection advisor (LPA). On 2 February 2020, an RQIA care inspector contacted Ms McVeigh by email and confirmed that following consultation with RQIA's Medical Physics Expert a determination was made that the labelling of the laser was correct and the laser did meet European Standard EN 60825-1. The previous area for improvement 1 as outlined in section 5.1 is assessed as having been met.

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 1 April 2022. An area for improvement was made during the previous inspection to submit evidence confirming the dates of the service level agreement between the establishment and the LPA. On 30 January 2020, Ms McVeigh submitted the appointed LPA certificate. The previous area for improvement 2 as outlined in section 5.1 is assessed as having been met.

Up to date, Local Rules were in place which has been developed by the LPA. Two sets of local rules are in place; one for the laser machine and one for the IPL machine. The local rules contained the relevant information about the laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises during April 2021 and all recommendations made by the LPA have been addressed.

As discussed, Ms McVeigh is the sole authorised operator and told us that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by named registered medical practitioners. The protocols for the laser machine are due to expire during March 2022 and the treatment protocols for the IPL machine are due to expire during October 2022. Systems are in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided. An area for improvement was made during the previous inspection in relation to medical treatment protocols. On 30 January 2020, Ms McVeigh submitted evidence confirming that this area for improvement had been addressed. It was determined that this addresses the previous Area for Improvement 3 as outlined in Section 5.1.



Ms McVeigh, as the laser protection supervisor (LPS) and sole authorised operator has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Ms McVeigh has signed to state that she has read and understood the local rules and medical treatment protocols.

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

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 or IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser is operated using a key and the IPL using a keypad code. Arrangements are in place for the safe custody of the key and 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. Ms McVeigh was aware that the laser safety warning sign should only be displayed when the laser or IPL equipment is in use and removed when not in use.

Aesthetic Enhancement Ltd has a laser and IPL register, this register has two distinct sections to differentiate between laser and IPL treatments. Ms McVeigh told us that she completes the relevant section of the register every time the equipment is operated, the register 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 service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL and laser were reviewed.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

#### **5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?**

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 service 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 (GP), with their consent, for further information if necessary.

Seven client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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 was available which included the creation, storage, recording, retention and disposal of records and data protection.

There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The service has a policy for advertising and marketing which is in line with legislation.

#### **5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?**

Discussion with Ms McVeigh regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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 lockable storage case.

Ms McVeigh told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms McVeigh confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated December 2019 found that clients were highly satisfied with the quality of treatment, information and care received. Ms McVeigh stated that as a direct result of the COVID-19 pandemic and subsequent periods the service was closed a client satisfaction report was not generated during 2020. Ms McVeigh confirmed that once open and operational the generation of a client satisfaction survey for 2021 will be prioritised.

### 5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Ms McVeigh is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment. Ms McVeigh evidenced a good awareness of complaints management.

Ms McVeigh confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Ms McVeigh demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Ms McVeigh confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

A new certificate of registration will be issued to Ms McVeigh following the approval of the variation to registration application to move premises. This new certificate will include the address of the new premises. Ms McVeigh was aware that the RQIA certificate of registration must be displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

## 6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the responsible individual.

The variation to registration application to move premises has been approved from a care perspective. This variation is awaiting approval from an estates perspective. Ms McVeigh will be notified when the variation application has been approved.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms McVeigh, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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