

Inspection Report

2 December 2021



La Bellezza

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

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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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Mr Paul Clarke t/a La Bellezza	Registered Manager: Mr Paul Clarke Date registered: 21 January 2016
Person in charge at the time of inspection: Mr Paul Clarke	
Categories of care: La Bellezza is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with following categories of care; PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.	
Brief description of how the service operates: La Bellezza 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. Equipment available in the service: Laser equipment (no longer in the service) Manufacturer: Ultrapulse/UK Beauty Model: Titan 3 Serial Number: L2 15101502 Laser Class: 4 Wavelength: Nd YAG 532nm & 1064nm IPL equipment (on site) Manufacturer: UK Beauty Model: Voyager 3+ Serial Number: 19090901 Wavelength: Nd YAG 532nm & 1064nm IPL 400nm – 1200nm The UK Beauty Voyager 3+ machine is a multi-platform machine that is capable of providing both laser and IPL treatments by changing the treatment heads.	

Laser protection advisor (LPA):

Mr Simon Wharmby (Lasersafe)

Laser protection supervisor (LPS):

Mr Paul Clarke

Medical support services:

Dr Paul Myers

Authorised operator:

Mr Paul Clarke

Types of laser treatments provided:

Hair removal

Tattoo removal

Skin rejuvenation

Vascular conditions – thread veins

Types of IPL treatments provided:

Hair removal

Skin rejuvenation

Acne

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 December 2021 from 10:30 am to 1.00 pm.

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 this service was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

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; the clinic's adherence to best practice guidance in relation to COVID-19; 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 (AFIs) 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 recently completed patient satisfaction surveys. Client feedback regarding the service was evidenced to be positive and no concerns were raised.

Posters were issued by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff 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 10 May 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) (b)	Mr Clarke should ensure that a referral is made to the Northern Ireland Adverse Incident Centre (NIAIC) to report that the UK Beauty Voyager 3+ laser does not have the required classification label, aperture label and does not have an interlock socket.	Met
	Confirmation of this referral should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).	
	Action taken as confirmed during the inspection: Mr Clarke provided confirmation that the referral had been made to the NIAIC.	

	The UK Beauty Voyager 3+ laser now has the required classification label, aperture label and interlock socket.	
Area for Improvement 2 Ref: Regulation 15 (2) (a)	Mr Clarke should seek confirmation from the LPA that although aware of this non-compliance of the UK Beauty Voyager 3+ machine that they remain satisfied with the clinic's laser safety arrangements. Action taken as confirmed during the inspection: Mr Clarke confirmed this with his LPA and provided evidence via email that this AFI had been met.	Met
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 13.1	The registered person shall ensure that authorised operators complete fire safety training annually and infection prevention and control training every two years. Action taken as confirmed during the inspection: This AFI has been assessed as met and is further discussed in section 5.2.1	Met
Area for Improvement 2 Ref: Standard 48.17	The registered person shall ensure the pair of protective operator's eyewear for the laser which did not conform to EN207 is removed from the clinic to prevent them being used by mistake. Action taken as confirmed during the inspection: The protective operator's eyewear for the laser, which did not conform to EN207, has been removed from the control area and is no longer available.	Met
Area for Improvement 3 Ref: Standard 48.9	The registered person shall establish a separate and dedicated laser register for the UK Beauty Voyager 3+ laser which clearly states if the treatment has been given using the laser treatment head or the IPL treatment head. Action taken as confirmed during the inspection: It was confirmed on inspection that the UK Beauty Voyager 3+ laser register clearly states the treatment given and treatment head	Met

	used.	
Area for improvement 4 Ref: Standard 48.10	The registered person shall ensure the client care record of treatment delivered also includes the number of shots and fluence settings (where appropriate)	Met
	Action taken as confirmed during the inspection: It was confirmed on inspection that the client care records now include the number of shots and fluence settings (where appropriate).	

5.2 Inspection outcome

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

Mr Clarke is the only authorised operator who works in La Bellezza. Mr Clarke told us that laser and IPL treatments are carried out by him as the sole authorised operator and the register of authorised operators reflects this.

A previous AFI had been stated with respect to IPC and fire safety training. Mr Clarke submitted evidence in response to the previous QIP that this had been addressed and training had been undertaken. A review of training records evidenced that Mr Clarke had up to date training in core of knowledge training, application training for the equipment in use and IPC. However it was observed on inspection that Mr Clarke's training in respect of basic life support, fire safety awareness and safeguarding adults at risk of harm had recently expired. Due to the ongoing COVID-19 pandemic access to training has been limited. Following the inspection Mr Clarke submitted evidence that the training in respect of basic life support, fire safety awareness and safeguarding adults at risk of harm had been undertaken in keeping with the RQIA training guidance. Therefore the AFI in the previous QIP has been assessed as met.

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

Appropriate staffing levels were in place to meet the needs of clients.

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

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion Mr Clarke confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Discussion with Mr Clarke confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

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

Policies and procedures were reviewed to ensure that there are appropriate resources to manage a safeguarding issue should it arise.

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. Mr Clarke also confirmed that laser or IPL treatments are not provided to persons under the age of 18 years.

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

As discussed in section 5.2.1 Mr Clarke 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?

As discussed in section 5.2.1 Mr Clarke has 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 Mr Clarke evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed in section 5.2.1 Mr Clarke 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 was discussed with Mr Clarke who outlined the measures that will be taken 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 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?

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 (CO₂) fire extinguisher is available which has been serviced within the last year.

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?

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 in August 2022.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser and IPL equipment being used. Mr Clarke advised that the Titan 3 laser machine was no longer in use and was stored away. Due to the machine no longer being available Mr Clarke was asked to contact his LPA and have the local rules amended to reflect this and remove the machine from the premises. Following the inspection email evidence was received confirming that the local rules had been updated and the laser machine was no longer on the premises.

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

Mr Clarke told us that laser and IPL procedures are carried out following medical treatment protocols that have been produced by a named registered medical practitioner. The medical treatment protocols are due to expire during November 2022 and systems are in place to review these when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Mr Clarke, 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. Mr Clarke had signed to state that he had read and understood the local rules and medical treatment protocols.

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

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 and IPL machine is operated using a key and arrangements are in place for the safe custody of the key 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. Mr Clarke was aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

Mr Clarke has a laser and IPL register, this register has two distinct sections to differentiate between laser and IPL treatments. Mr Clarke told us that he 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 was 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.

Two client care records were reviewed. There was an accurate and up to date treatment record for each 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.

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

It was determined that appropriate arrangements were in place to ensure that clients had a planned programme of care and had sufficient information to consent to treatment.

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

Discussion with Mr Clarke 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.

Mr Clarke told us that he 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. Mr Clarke confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in the decision making process.

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. Mr Clarke 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. Mr Clarke evidenced a good awareness of complaints management.

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

Mr Clarke demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Mr Clarke 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 displayed in a prominent place.

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

It was determined that appropriate arrangements were in place to ensure the registered person assure themselves of the quality of the services provided.

5.2.12 Does the service have suitable arrangements in place to record 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 Mr Clarke.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Clarke, Registered Person, as part of the inspection process and can be found in the main body of the report.



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