

# Announced Care and Variation to Registration Inspection Report 10 September 2019



## Laserway Laser Clinic

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

**Address: 45 Eglantine Road, Lisburn, BT27 5RQ**

**Tel No: 077 3909 9039**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Laserway Laser Clinic is registered as an Independent Hospital (IH) with the following categories of care: 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. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with the Regulation and Quality Improvement Authority (RQIA).

## **Laser equipment**

Manufacturer: Candela Max  
Model: Pro Alexandrite  
Serial Number: 991490200754  
Laser Class: Class 4

Manufacturer: Alma  
Model: Harmony  
Serial Number: LV202322  
Laser Class: Class 4

## **IPL equipment**

Manufacturer: Ellipse  
Model: Flex 9FLX0833-D06  
Serial Number: 02011009  
Laser Class: IPL

Ms Emily Rowan, responsible individual, confirmed that the Alma Harmony laser was usually retained in Laserway Laser Clinic, Ballymena, and that this machine is only brought to the Laserway Laser Clinic, Lisburn when it is needed. Ms Rowan confirmed this laser is onsite approximately every four to five weeks.

## **Laser protection advisor (LPA)**

Dr Godfrey Town (Medical Scientific Consultancy)

## **Medical support services**

Dr Ross Martin

## **Laser protection supervisor (LPS)**

Ms Emily Rowan

## **Authorised operators**

Ms Emily Rowan  
Ms Rachel Hunter  
Ms Shannon Boyle

**Types of Laser Treatment Provided** – hair reduction, tattoo removal, skin rejuvenation including vascular and pigmented blemishes, photo rejuvenation general and pigmented lesion treatments.

**Types of Intense Pulse Light (IPL) Treatments Provided** - skin rejuvenation and acne treatment, wrinkle reduction.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Laser Room Cosmetics Limited	<b>Registered Manager:</b> Ms Emily Rowan
<b>Responsible Individual:</b> Ms Emily Rowan	
<b>Person in charge at the time of inspection:</b> Ms Emily Rowan	<b>Date manager registered:</b> 24 February 2017
<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	

### 4.0 Inspection summary

A combined announced and variation to registration inspection took place on 10 September 2019 from 10.30 to 12.15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

An application to vary the registration of the clinic was submitted to the RQIA by Ms Emily Rowan, responsible individual. The application was for the approval of new premises for the provision of the services.

The inspection sought to assess the readiness of the new premises for the provision of the services. The variation to registration is granted subject to submission to RQIA of a completed Quality Improvement Plan (QIP), confirming that the area identified for improvement has been met and the requested supporting documentation has been provided to RQIA.

The inspection assessed progress with any areas for improvement identified since the last care inspection and determined if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

One area for improvement was identified against the standards in relation to refresher training required for one authorised operator in the safe application of the laser equipment.

Ms Rowan was informed that an RQIA estates inspector will contact Ms Rowan following this inspection to request specific documents in relation to the premises to be submitted for review. Overall approval of the variation application is also dependent on the estates inspector's assessment and Ms Rowan will be informed in due course.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Detail of the QIP was discussed with Ms Emily Rowan, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 26 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 November 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- application to vary the registration status

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Ms Emily Rowan, registered person.

The following records were examined during the inspection:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Ms Rowan at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 November 2018

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 26 November 2018

Areas for improvement from the last care inspection		
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 21 (3) (c) <b>Stated:</b> First time	The responsible individual must ensure that treatment records are retained in keeping with the timescales specified in Schedule 3 Part 1 of The Independent Health Care Regulations (Northern Ireland) 2005.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the laser registers confirmed that a dedicated register was in place for the	

	<p>Candela Max laser which included the required treatment records as outlined above.</p> <p>It was noted that treatment records in respect of the Alma Harmony laser and the Ellipse Flex laser were recorded in the same book, and whilst the required treatment records were in place, using the same book could lead to confusion.</p> <p>Ms Rowan readily agreed to provide a separate and dedicated register for Alma Harmony laser and the Ellipse Flex laser.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

Ms Rowan confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

It was confirmed that a new authorised operator has been recruited since the previous inspection; records reviewed confirmed that a detailed induction programme was in place for the new authorised operator. In addition the new authorised operator had also signed a record confirming that they had read the Laserway Laser Clinic practice manual.

A review of training records evidenced that in general all authorised operators have up to date training in core of knowledge, safe application training record for the equipment in use, infection prevention and control, basic life support, fire safety awareness and protection of adults at risk of harm. However it was identified that for one of the authorised operators their safe application training record for the equipment in use, was dated January 2014 and April 2014, this should be renewed every five years. It was also noted that an infection prevention and control training record was not in place for this authorised operator. Ms Rowan agreed to follow this up and on 16 October 2019 RQIA received a copy of the infection prevention and control training certificate for this authorised operator which verified that this training had been completed on 23 August 2019. Confirmation should be provided to RQIA that the identified authorised operator has undertaken refresher training in safe application of the laser machines in place and the treatments provided. An area for improvement has been made against the standards in this regard.

No other staff are employed in the establishment. Ms Rowan is aware that should support staff be employed they must undertake laser and IPL safety awareness training.

### **Recruitment and selection**

As previously discussed, one new authorised operator has been recruited since the previous inspection. Review of the personnel file for this authorised operator evidenced that most documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained, with the exception of a criminal conviction declaration. On 16 October 2019, RQIA received confirmation by email that the criminal conviction declaration had been completed by the new authorised operator and Ms Rowan confirmed this would be completed by any new authorised operator in the future.

Ms Rowan was advised that all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained in respect of authorised operators.

### **Safeguarding**

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

Ms Rowan confirmed that all staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy 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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **Laser and IPL safety**

A laser safety file was in place which contained all of the relevant information in relation to laser and IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 06 June 2020.



Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 21 August 2019. Systems are in place to review the medical treatment protocols on a three yearly basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL and laser equipment being used.

The establishment's LPA completed a risk assessment of the new premises on 7 June 2019 and areas of recommendations had been made. However as the laser machines had not yet been relocated to the new premises some of the recommendations made by the LPA could not be addressed. It was agreed that when the laser machines were relocated to the new premises, the outstanding areas would be addressed and verification provided to RQIA. On 2 October 2019, RQIA received an email confirming that the laser service had moved into the new premises, and photographic evidence was provided which confirmed that the outstanding areas outlined in the LPA risk assessment had been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser and IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with Ms Rowan confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

The new environment in which the laser and IPL equipment is to be used was found to be safe and controlled to protect other persons while treatment is in progress. There are two treatment rooms, the doors to the treatment rooms are able to be locked when the laser/IPL equipment is in use but can be opened from the outside in the event of an emergency.

Both lasers and the IPL equipment are operated using a key. Arrangements were in place in the new premises for the safe custody of the laser and IPL keys when not in use.

Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled areas in the new premises are clearly defined and not to be used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs were not yet displayed in the new premises. Ms Rowan confirmed that the laser safety warning signs will be put in place when the service moves to the new premises. Ms Rowan is aware that the laser warning signs should be displayed when the laser equipment is in use and removed when not in use. On 2 October 2019 RQIA received an email which provided photographic confirmation that the laser safety signs were in place on the outer door of both treatment rooms.

As previously stated, laser and IPL registers were in place that had been 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

Review of the laser registers confirmed that a dedicated register was in place for the Candela Max laser which contained the required treatment records as outlined above. It was noted that treatment records in respect of the Alma Harmony laser and the Ellipse Flex laser were recorded in the same book, and whilst the required treatment records were in place, using the same book could lead to confusion. Ms Rowan readily agreed to provide a separate and dedicated register for Alma Harmony laser and the Ellipse Flex laser.

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 reports confirmed that the Candela Max had been serviced on 01 November 2018; the Ellipse Flex had been serviced on 18 May 2019 and the Alma Harmony had been serviced on 1 March 2019.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

### **Infection prevention and control and decontamination procedures**

Review of the new premises confirmed that the treatment rooms were clean and clutter free. Discussion with Ms Rowan evidenced that appropriate procedures were in place for the decontamination of equipment between use.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

### **Environment**

At the time of this inspection the cosmetic laser service had not yet moved into the new premises which is to be located in an annex attached to the existing residential dwelling. The inspector undertook a tour of the premises, which had recently been refurbished and work had been completed to a good standard of maintenance. Ms Rowan stated that the premises were to be repainted prior to moving the laser machines and other furnishings.

The new premises provides a reception area, two treatment rooms and a toilet facility. The facilities for clients are located on the ground floor and are accessible to anyone with a disability. A store room is provided on the first floor and will not be accessible to clients.

Cleaning schedules were prepared for the new premises.

A carbon dioxide (CO<sub>2</sub>) fire extinguisher was provided in the existing premises and had been serviced within the last year. Ms Rowan confirmed that the fire extinguisher will be moved into the new premises when the service relocates the laser and IPL machines. On 2 October 2019 RQIA received an email which provided photographic confirmation that the fire extinguisher was in place in the new premises.

Mr Gavin Doherty, an RQIA estates inspector, confirmed that he will contact Ms Rowan following this inspection to request specific documents in relation to the premises to be submitted for review. Overall approval of the variation application is also dependent on the estate inspector's assessment and Ms Rowan will be informed in due course.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

### Areas for improvement

Confirmation should be provided to RQIA that the identified authorised operator has undertaken safe application refresher training in respect of the laser machines in place and the treatments provided.

	Regulations	Standards
Areas for improvement	0	1

#### 6.5 Is care effective?

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

### Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that arrangements are in place to ensure that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

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

Ms Rowan confirmed that the establishment is registered with the ICO and a current certificate was in place.

## Communication

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

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

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, and ensuring effective communication between clients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

**6.6 Is care compassionate?**

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

**Dignity respect and involvement with decision making**

Discussion with Ms Rowan regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment will be provided in the treatment rooms 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 will be stored securely in a filing cabinet. A dedicated store room is provided on the first floor of the new premises.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate. Review of the completed questionnaires within the establishment found that clients were highly satisfied with the quality of treatment, information and care received.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

### Management and governance

There was a clear organisational structure within the establishment and Ms Rowan confirmed that authorised operators were aware of who to speak to if they had a concern. Ms Rowan also confirmed that there were good working relationships and that she is responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Rowan is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis.

Ms Rowan confirmed that the other authorised operators are aware of the policies and how to access them.

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

Discussion with Ms Rowan confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed, and where appropriate made available to key staff in a timely manner.

Ms Rowan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

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

The RQIA certificate of registration was up to date and displayed appropriately.

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

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.8 Equality data

#### Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Rowan and review of information evidenced that the equality data collected was managed in line with best practice.

### 6.9 Client and staff views

Five clients submitted questionnaire responses to RQIA. All five clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- 'Feels like a treat every time I attend, xxxxx just wonderful.'
- 'Friendly incredible staff.'
- 'Really expert care and feel very supported by my clinician. Organisation is currently going through a transition of premises and I'm sure once completed will be of the highest standard also.'

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Emily Rowan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.12  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2019	The registered person shall provide confirmation to RQIA that the identified authorised operator has undertaken safe application training in respect of the laser machines in place and the treatments provided. Verification of this training should be submitted upon return of the QIP.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> I can confirm that Rachel has had inhouse training Monday the 7th Oct on all Laser equipment. Also a copy of her infection control training has been passed on.

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





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