

# Inspection Report

25 May 2023



## The Laser Clinic Northern Ireland

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: Unit 3, 29 Ballymoney Street, Ballymena, Antrim, BT43 6AN  
Telephone number: 028 2542 0964

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

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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

<b>Organisation/Registered Provider:</b> Miss Judith Laverty t/a The Laser Clinic Northern Ireland	<b>Acting Registered Manager:</b> Ms Donna Murphy
<b>Person in charge at the time of inspection:</b> Ms Donna Murphy	
<b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
<b>Brief description of how the service operates:</b> <p>The Laser Clinic Northern Ireland is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L) category.</p> <p>On 22 December 2016 The Laser Clinic Northern Ireland was registered as Miss Judith Laverty t/a The Laser Clinic Northern Ireland and Miss Laverty was the sole provider. During this inspection it was established that the entity of the service had changed from a sole provider to a limited company namely The Laser Clinic (NI) Limited during July 2017. It was agreed that a new application to register The Laser Clinic Northern Ireland as a limited company would be submitted to RQIA with the accompanying fees following this inspection. Following the inspection the application to change the entity was submitted to RQIA.</p> <p>Miss Judith Laverty is also the registered person of The Laser Clinic Northern Ireland located in Belfast.</p> <b>Equipment available in the service:</b> Manufacturer: Asclepion Model: MeDioStar NeXT Serial Number: 159X04507 Laser Class: Class 4 Wavelength: 810nm-940nm	
<b>Laser Protection Advisor (LPA):</b> Ms Anna Bass (Lasernet)	
<b>Medical Support Services:</b> Dr Paul Myers	

**Laser Protection Supervisor (LPS):**

Ms Donna Murphy

**Authorised operators:**

Ms Donna Murphy

Ms Megan Cronin

Ms Kelly Kenna

**Types of laser treatments provided:**

Laser hair removal

Acne treatments

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 25 May 2023 from 10.50 am to 1.35 pm.

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; laser 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 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 available for consultation on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by The Laser Clinic Northern Ireland.

Posters were issued to service 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?

The last inspection to The Laser Clinic Northern Ireland was undertaken on 20 May 2021; no areas for improvement were identified.

## 5.2 Inspection outcome

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

Ms Murphy told us that since the previous inspection the laser machine had been replaced and a new laser machine had been installed. Ms Murphy also informed us that two new authorised operators had been appointed. It was confirmed that there are sufficient staff to fulfil the needs of the establishment and clients.

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

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have 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.

It was confirmed that only authorised operators work at the establishment. Ms Murphy told us that should any new staff member be recruited in any other role, they would be provided with 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.

A review of the personnel files of the two new authorised operators recruited since the previous inspection confirmed that the new authorised operators had been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 with the exception of obtaining written references. This was discussed and an explanation was given for this. Ms Murphy is now aware that two written references should be sought for any new authorised operators recruited in the future in line with legislation.

Taking action regarding seeking references for any new authorised operators recruited in the future will ensure that recruitment will comply with the legislation and best practice guidance.

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

Ms Murphy confirmed that laser 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 in respect of adults. It was suggested that the relevant contact details should also be included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise in respect of a child.

Discussion with Ms Murphy and an authorised operator confirmed that they were 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 Murphy, as 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 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?**

All authorised operators had up to date training in basic life support and discussion with Ms Murphy and an authorised operator confirmed that they were aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and it was advised that this policy should reference 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 best practice guidance.

The laser treatment room was clean and clutter free. Ms Murphy was advised to ensure that the disposable hand towels in the toilet are wall mounted in keeping with best practice.

Discussion with an authorised operator 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.

It was determined that arrangements are in place in relation to IPC and decontamination in keeping with best practice guidance.

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

The management of operations in response to the COVID-19 pandemic were discussed with the Ms Murphy and an authorised operator. It was confirmed that arrangements are in place in relation to the implementation of enhanced IPC procedures; and the client pathway that includes 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?**

As previously stated one laser treatment room is provided and the service also has other treatment rooms, storage areas and a staff kitchen area. 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.

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

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

A laser safety file was in place which contained the relevant information in relation to laser 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 March 2024.

The establishment's LPA completed a risk assessment of the premises on 11 May 2023 and the majority of recommendations made by the LPA have been addressed. The recommendation that had not been addressed was discussed and Ms Murphy was advised to discuss this with their LPA. Following the inspection RQIA received confirmation that the outstanding recommendation had been addressed.

It was also evidenced that up to date local rules were in place which have been developed by the LPA.

Discussion with Ms Murphy and an authorised operator confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner and contained the relevant information about the treatments being provided. It was evidenced that systems are in place to review the medical treatment protocols when due.

Ms Murphy as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules.

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

The controlled area was clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Ms Murphy was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser machine is operated using a key and it was demonstrated that arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The Laser Clinic Northern Ireland has a laser register in place. It was confirmed that the authorised operators complete the laser register every time the equipment is operated and the register included:

- 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 equipment in line with the manufacturer's guidance. The most recent service reports of the laser equipment were reviewed.

It was determined that appropriate arrangements were in place to operate the laser 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 displayed at the reception for each laser procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the area and size 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 record the client's general practitioner (GP) details.

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

It was determined that clients have a planned programme of care and have sufficient information to consent to treatment.

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

Discussion with Ms Murphy and an authorised operator confirmed that clients are treated with dignity and respect. The consultation and treatment is 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.

It was confirmed that clients are encouraged to complete a satisfaction survey when their treatment is complete. A number of completed client questionnaires were available for review and demonstrated that these clients were highly satisfied with the care and treatment they had experienced in the clinic. Ms Murphy demonstrated that the questionnaire findings were collated to provide a pie chart and summary report and has agreed to make this available to clients and other interested parties. It was confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

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. Ms Murphy is in day to day charge of the service. It was confirmed that Miss Laverty attends the clinic three days per week. Advice and guidance was provided regarding the requirement to undertake Regulation 26 unannounced quality monitoring visit and following the inspection RQIA received confirmation that Miss Laverty will be undertaking these visits on a six monthly basis.

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

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance. The complaints policy and procedure provided clear instructions for patients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Ms Murphy confirmed that no complaints had been received since the previous inspection.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. Discussion with Ms Murphy confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents would be reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Ms Murphy demonstrated a clear understanding of her role and responsibility in accordance with legislation. Ms Murphy 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 suitable arrangements are in place to enable the registered person to 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 Ms Murphy and an authorised operator.

### 6.0 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 Murphy as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

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

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

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