

Announced Care Inspection Report 6 June 2017



The Laser Clinic Northern Ireland

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser/IPL Service**

Address: 28 Greenvale Street, Ballymena BT43 6AR

Tel No: 02825656503

Inspector: Carmel McKeegan

www.rqia.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

This is an Independent Hospital (IH) - Cosmetic Laser Service. The type of treatment provided is laser hair removal.

Laser equipment

Manufacturer: AW3

Model: Allwhite 3000 Schnelle Laser

Serial Number: 122916090219

Laser Class: 4

| | |
|--|---|
| Laser protection advisor (LPA) | Anna Bass (Lasernet) |
| Medical support services | Dr Paul Byers |
| Laser protection supervisor (LPS) | Miss Judith Laverty |
| Authorised operators | Miss Judith Laverty and Miss Paula Reid |
| Type of treatments provided – | Laser hair removal |

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Miss Judith Laverty t/a The Laser Clinic Northern Ireland | Registered Manager: Miss Judith Laverty |
| Person in charge at the time of inspection: Miss Judith Laverty | Date manager registered: 29 December 2016 |
| Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers | |

4.0 Inspection summary

An announced inspection of The Laser Clinic Northern Ireland took place on 6 June 2017 from 14.00 to 15.50.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

Evidence of good practice was found in relation to staff provision, training, laser safety, management of emergencies, infection prevention and control, risk management and management of the environment.

One area requiring improvement was identified to provide adults at risk of harm training for the authorised operators.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Details of the QIP within this report were discussed with Miss Judith Laverty, registered person, 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 09 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 09 December 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed client and staff questionnaires were also analysed.

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

During the inspection the inspector met with Miss Judith Laverty, registered person and authorised operator. A tour of the premises was also undertaken.

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

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Miss Lavery, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 December 2016

The most recent inspections of the establishment were announced pre-registration care and premises inspections which were both undertaken on 9 December 2016. The completed QIPs were returned and approved by the care and estates inspectors. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved on the 22 December 2016.

6.2 Review of areas for improvement from the last care inspection dated 9 December 2016

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 14 Stated: First time | RQIA and the LPA for the establishment should be informed of the outcome of the notification to NIAIC at the earliest opportunity and any recommendations made as a result of the notification should be addressed. | Met |
| | Action taken as confirmed during the inspection: Review of records confirmed that a notification had been sent to the Northern Ireland Adverse Incident Centre (NIAIC) as recommended. Miss Lavery advised that, as yet, the establishment has not received any further correspondence from NIAIC in this regard. Miss Lavery confirmed RQIA would be kept informed of any future correspondence from NIAIC. | |

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

Discussion with Miss Laverty confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. The establishment has two authorised operators.

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

It was confirmed that if any new authorised operator was recruited that they would complete induction training.

A review of training records evidenced that both 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 and fire safety.

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

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Miss Laverty confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Miss Laverty was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Miss Laverty confirmed she had completed in-house training in the protection of adults at risk of harm. A discussion took place regarding the level of training the safeguarding lead for the service should have. Miss Laverty was advised that the authorised operators should complete Level 2: Awareness Raising, Recognising and Responding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area of improvement under the standards has been made to address this.

Policies and procedures were in place for the safeguarding and protection of adults. It was identified that the policy for safeguarding adults was in need of further development in order to

fully reflect the most recent regional guidance documents. Following the inspection information was emailed to Miss Laverty to assist in the development of a policy that fully reflects the 'Adult Safeguarding Prevention and Protection Partnership' policy (July 2015). On 03 June 2017 RQIA received an email from Miss Laverty which included a copy of the revised Safeguarding 'Adults at Risk of Harm' policy which was seen to be reflective of the afore mentioned regional guidance document.

In addition the following regional safeguarding documentation was forwarded to Miss Laverty by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)

Laser safety

A laser safety file was in place which contained all of the relevant information in relation to laser 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 6 November 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 30 October 2016. Systems are in place to review the medical treatment protocols on an annual 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 laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 7 November 2016 and all recommendations made by the LPA have 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 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 Miss Laverty confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

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 laser equipment is operated using a key. 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is 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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Miss Laverty confirmed they were aware 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

The treatment room was clean and clutter free. Discussion with Miss Laverty 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

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.

Client and staff views

Fourteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and also indicated they were very satisfied with this aspect of care. The following comment was included in a submitted questionnaire response.

- 'Any questions answered well.'

Two staff submitted questionnaire responses. Both indicated that they felt that clients are safe and protected from harm and also indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

The authorised operators should complete level 2 safeguarding children and adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of 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 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.

The establishment is registered with the Information Commissioners Office (ICO).

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.

Client and staff views

All of the clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 14 clients also indicated they were very satisfied with this aspect of care. The following comments were provided:

- 'All very informative.'
- 'Yes, always very accommodating.'

Both submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them. Both also indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of 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 Miss Lavery regarding the consultation and treatment process, 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a locked filing cabinet in a room which is locked at the close of business.

The Laser Clinic Northern Ireland started providing a laser service in December 2016. Miss Laverty confirmed that a client satisfaction survey will be undertaken by the establishment on an annual basis. Miss Laverty has implemented systems for clients to provide feedback and plans to collate the information to provide a summary report which will be made available to clients and other interested parties. Miss Laverty also confirmed that an action plan will be developed to inform and improve services provided, if appropriate. The client satisfaction summary report will be reviewed at the next care inspection.

Client and staff views

All of the clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 14 clients also indicated they were very satisfied with this aspect of care. The following comment was included in a submitted questionnaire response:

- 'Always well advised.'

Both submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. Both also indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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

Miss Laverty is responsible for the day to day management of the establishment. As previously stated there are two authorised operators working in The Laser Clinic Northern Ireland. It was evident there is a clear organisational structure within the establishment, Miss

Laverty confirmed that authorised operators were aware of their roles and responsibilities and were aware of who the action to take should they have a concern.

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

Discussion with Miss Laverty demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Miss Laverty demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

It was 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.

Discussion with Miss Laverty confirmed that arrangements were in place to review the effectiveness and quality of care delivered to service users at appropriate intervals.

Miss Laverty confirmed 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,

Miss Laverty demonstrated an understanding of her role and responsibility in accordance with legislation. It was 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.

Client and staff views

Clients who submitted questionnaire responses all indicated that they felt that the service is well managed. All 14 also indicated they were very satisfied with this aspect of the service. The following comments were provided:

- 'The girls were very informative.'
- 'Everything explained thoroughly.'

Both submitted staff questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Judith Laverty, 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

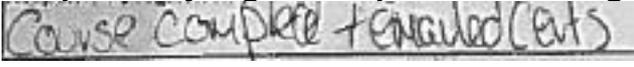
An area improvement has been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) 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 area for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal.

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014) | |
| Area for improvement 1 Ref: Standard 15 Stated: First time | The authorised operators should complete Level 2 Safeguarding Children and Adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016). Ref: 6.4 |
| To be completed by: 4 October 2016 | Response by registered person detailing the actions taken:  |



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