

Announced Care Inspection Report 27 September 2019



The Laser Clinic Northern Ireland

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

Address: 28 Greenvale Street, Ballymena, BT43 6AR

Tel No: 028 2565 6503

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

The Laser Clinic Northern Ireland is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and /or establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a laser machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Laser equipment

Manufacturer: AW3

Model: Allwhite 3000 Schnelle Laser

Serial Number: 122916090219

Laser Class: 4

Laser protection advisor (LPA): Ms Anna Bass (Lasernet)**Medical support services:** Dr Paul Myers**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 (acting)
Person in charge at the time of inspection: Miss Judith Laverty	Date manager registered: 10 September 2019 (acting)
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

Miss Judith Laverty is also the responsible individual and registered manager of The Laser Clinic NI located in Belfast.

RQIA was notified on 10 September that Miss Paula Reid, previous registered manager, is on a period of leave and Miss Judith Laverty is appointed as acting manager in her absence. RQIA was also informed that The Laser Clinic Northern Ireland is not currently providing laser treatments and clients are provided with the option of attending The Laser Clinic NI in Belfast.

4.0 Inspection summary

An announced inspection took place on 29 September 2019 from 10.00 to 11.30.

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).

The inspection assessed progress with any areas for improvement identified during and 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 evidenced in all four domains. These included the arrangements for staffing, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Three areas for improvement were made against the standards; one to ensure the areas identified in the laser protection advisor's (LPA)'s action plan resulting from the site visit audit on 23 September 2019, are addressed; one to ensure that a manufacturer's service is undertaken for the laser machine prior to recommencement of laser treatments and one to ensure the treatment room floor covering is secured at the edging.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Miss Judith Lavery 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 27 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 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

Questionnaires were provided to the establishment prior to the inspection for distribution to clients on behalf of RQIA. As previously discussed, the establishment is not currently providing a laser service therefore no client questionnaires were distributed. RQIA also invited staff to complete an electronic questionnaire. As there are no other authorised operators currently working in the establishment, no staff questionnaires were received.

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

During the inspection the inspector met with Miss Judith Laverty, responsible individual and authorised operator.

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 Miss Laverty at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the establishment was an announced 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 27 September 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
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the newly recruited authorised operator and for any new authorised operators recruited in the future.	Met
	Action taken as confirmed during the inspection: Miss Lavery stated that no new authorised operators had been appointed since the previous inspection. Review of the recruitment procedure confirmed that if this procedure is applied then all the required documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, would be provided.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future. An AccessNI enhanced disclosure check should be completed for the identified authorised operators, confirmation of this should be provided to RQIA upon return of this QIP.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of recruitment records for the identified authorised operators confirmed that an AccessNI enhanced disclosure check had been completed with the appropriate records retained.</p> <p>Miss Laverty also stated that an AccessNI enhanced disclosure check would be sought and the outcome recorded prior to any authorised operator commencing employment in the future.</p>	
<p>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record of induction is completed for all new authorised operators.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that an induction programme had been developed which Miss Laverty stated would be completed with any new authorised operator commencing employment in the future.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is implemented for appraising staff performance at least on an annual basis and a record retained.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that authorised operators had received an appraisal within the previous 12 months. Miss Laverty stated staff appraisals will be undertaken annually.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.8 and 3.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that authorised operators undertake training in the safeguarding of adults at risk of harm as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Training records were in place which confirmed that all authorised operators had completed level 2 training in the safeguarding of adults at risk of harm.</p>	
<p>Area for improvement 4 Ref: Standard 5.1 and 5.2 Stated: First time</p>	<p>The registered person shall ensure that a client satisfaction consultation process is undertaken annually, the findings should be collated in a summary report in an anonymised format. The summary report should be made available to clients and other interested parties.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with Miss Laverty and review of records confirmed that a client satisfaction survey had been undertaken and a summative report was available.</p>	

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 are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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.

An induction programme was in place and a record of induction was available for review. Miss Laverty stated that any new staff member would commence a programme of induction 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.

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

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

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 and confirmed that the other authorised operators are aware that she is the nominated safeguarding lead. Miss Laverty is the safeguarding lead and has completed formal level 2 training in safeguarding adults in keeping with the NIASP training strategy (revised 2016) and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. 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 also available for staff reference.

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 LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and is due to expire on 30 October 2019. Miss Laverty stated that the LPA had completed a site visit on 23 September 2019, however the report of the findings had not yet been provided. It was agreed that the LPA report and risk assessment would be provided to RQIA by email following the inspection.

On 25 October 2019 RQIA received a copy of the LPA's site audit report and risk assessment pertaining to the site visit undertaken on 23 September 2019. The risk assessment included an action list which identified two areas to be addressed. However there was no evidence to verify that these two areas had been actioned. An area for improvement against the standards has been made in this regard.

Local rules were in place in the establishment which had been developed by the LPA. The LPA's risk assessment undertaken on 23 September 2019 verified that the local rules had been reviewed during the site audit visit and contained the relevant information pertaining to the laser equipment being used.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers and are due to expire in November 2019. 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.

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.

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. However Miss Laverty stated that negotiations are ongoing with the manufacturer in this regard. As previously stated, RQIA were informed that the The Laser Clinic Northern Ireland is not providing laser treatments. Miss Laverty is aware that the laser machine must be serviced before the laser can be used. An area for improvement against the standards has been made in this regard.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff 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 Lavery 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. The floor covering in the treatment room had separated from the wall in one area. An area for improvement was made against the standards to ensure the floor covering is repaired and secured at the edging.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Arrangements are in place for maintaining the environment; records of servicing and maintenance were available in respect of portable appliance testing and the firefighting equipment.

A fire risk assessment had been undertaken on 1 September 2019 and Miss Lavery confirmed fire training and fire drills had been completed. Miss Lavery demonstrated that all staff were aware of the action to take in the event of a fire.

Areas of good practice

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

Areas for improvement

The issues identified in the LPA's risk assessment action plan, dated 23 September 2019, should be addressed by the LPS and the action plan signed and dated in this regard.

Ensure a manufacturer's service is undertaken for the laser machine prior to recommencement of laser treatments.

Floor covering in the treatment room should be secured at the edging to facilitate effective cleaning and also to reduce the risk of a tripping accident occurring.

	Regulations	Standards
Areas for improvement	0	3

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.

Discussion with Miss Laverty 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 May 2018 and, where appropriate, Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

Audits

Discussion with Miss Laverty confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients 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.

Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structure.

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 Miss Laverty 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 within a locked room.

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 summary report within the establishment found that clients were highly satisfied with the quality of treatment, information and care received. Miss Laverty was advised to include the date of when the client satisfaction survey was undertaken.

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
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

There was a clear organisational structure within the establishment and Miss Laverty stated that authorised operators were aware of their roles and responsibilities and of who to speak to if they had a concern. Miss Laverty confirmed that there were good working relationships, and all staff members were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Miss Laverty is currently the nominated individual with overall responsibility for the day to day management of the service.

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

Miss Laverty is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not currently apply.

Policies and procedures were available for staff reference and were retained in the laser safety file. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

There was a complaints policy and procedure in place which is in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the clients guide and information on display in the establishment. Discussion with Miss Laverty confirmed that the authorised operators had received training on complaints management and were knowledgeable about how to respond to complaints.

It was confirmed that arrangements were in place to manage complaints from clients, their representatives or any other interested party. Miss Laverty stated that earlier this year the establishment noted that a number of clients were complaining on social media about the laser treatments provided in The Laser Clinic Northern Ireland. Miss Laverty stated that clients were contacted and offered a complimentary treatment and records made of all complaints.

Review of the complaints records demonstrated that records of complaints included detail of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction, where possible. Arrangements were in place to share information about complaints and compliments with staff during staff meetings.

Miss Laverty was advised to maintain a log or register of all complaints and undertake an audit to identify trends and improve services as applicable. Advice and guidance was also provided in relation to undertaking a complaint investigation.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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 and where appropriate, made available to key staff in a timely manner.

A whistleblowing/raising concerns policy was available and Miss Laverty confirmed that authorised operators are aware of who to contact if they had a concern.

Miss Laverty demonstrated a clear understanding of her role and responsibility in accordance with legislation. Miss Laverty 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 Miss Laverty.

6.9 Client and staff views

Questionnaires were provided to the establishment prior to the inspection for distribution to clients on behalf of RQIA. As previously discussed the establishment is not currently providing a laser service, therefore no client questionnaires were distributed. RQIA also invited staff to complete an electronic questionnaire. As there are no other authorised operators currently working in the establishment, no staff questionnaires were received.

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, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The responsible individual/ registered 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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2019</p>	<p>The responsible individual should ensure that the issues identified in the LPA's risk assessment action plan, dated 23 September 2019, are addressed by the LPS and the action plan signed and dated in this regard.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: In contact with the lpa to ensure action plan is actioned correctly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 48.20</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2019</p>	<p>The responsible individual should ensure that a manufacturer's service is undertaken for the laser machine prior to recommencement of laser treatments.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All services will be in place before any client be treated.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2019</p>	<p>The responsible individual should ensure that the floor covering in the treatment room is secured at the edging to facilitate effective cleaning and also to reduce the risk of a tripping accident occurring.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Edging will be fixed.</p>