

# Announced Care Inspection Report 20 August 2019



## Jenny Flanagan Laser Aesthetics Limited

**Type of Service: Independent Hospital (IH) –  
Cosmetic Laser/Intense Pulse Light (IPL) Service**  
**Address: 14C Lisburn Street, Hillsborough, Down, BT26 6AB**  
**Tel No: 07842 068 383**  
**Inspector: Elizabeth Colgan**

[www.rqia.org.uk](http://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 a cosmetic laser service providing treatments using an Intense Pulse Light (IPL) machine and Class 4 laser machines.

### **Laser equipment**

Manufacturer: Lumenis  
Model: M22  
Serial Number: 11351  
Laser Class: 4  
IPL platform – serial number 20268

Manufacturer: Cynosure  
Model: Apogee 5500  
Serial Number: APMD 1900  
Laser Class: 4

### **IPL equipment**

Manufacturer: Viro  
Model: V20IPL  
Serial Number: 16460001  
Laser Class: IPL

The following systems were not being used on the day of inspection as they are for training purposes.

Manufacturer: Lumenis  
Model: Lightsheer Desire  
Serial Number: Two platforms  
1 SA-11711020 (HIGHSPEED )  
2 EIR 0568001  
Laser Class: 4

Manufacturer: Lumenis ESC Sharplan  
Model: IPL Quantum HR  
Serial Number: 003-0229  
Laser Class: IPL (SR560)

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

Mr Alex Zarneth

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

Ms Jenny Flanagan

### **Medical support services:**

Dr Paul Myers

### **Authorised operators:**

Ms Jenny Flanagan

Ms Miroslawa Graczew (Lumenis M22 only)

### Types of IPL treatments provided

- Hair removal, skin rejuvenation, vascular lesions, pigmentation and acne

### Types of laser treatments provided

- Hair removal and skin resurfacing

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Jenny Flanagan Laser Aesthetics Limited	<b>Registered Manager:</b> Ms Jenny Flanagan
<b>Responsible Individual:</b> Ms Jenny Flanagan	
<b>Person in charge at the time of inspection:</b> Ms Jenny Flanagan	<b>Date manager registered:</b> 25 May 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

An announced inspection took place on 20 August 2019 from 10.00 to 12.30.

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 inspection and to determine 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.

No areas requiring improvement were identified.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jenny Flanagan responsible individual and authorised user, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 30/10/2018.

No areas of improvement were identified during this inspection.

## 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

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 staff 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 Flanagan, responsible individual and an authorised user.

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

The findings of the inspection were provided to Ms Flanagan, responsible individual and authorised user at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

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

Ms Flanagan confirmed that laser/IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser/IPL(s) 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.

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

## Recruitment and selection

A review of the personnel file of an authorised operator recruited since the previous inspection and discussion with Ms Flanagan confirmed this new member of staff had not been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Review of the new authorised user personal file evidenced that the following areas had not been completed, the record of criminal conviction, physical and mental health assessment and two references. Ms Flanagan forwarded these to RQIA by electronic mail on 29 August 2019.

An enhanced accessing check by Access NI had not been undertaken prior to the new authorised operator commencing work. This was completed on the day of the inspection and confirmation that the check was complete received by RQIA on the 29 August 2019.

Ms Flanagan confirmed that should authorised operators be recruited in the future robust systems and processes will be 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 required to be reviewed to ensure that it was in line with recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Flanagan forwarded an updated policy to RQIA by electronic mail on 29 August 2019.

## **Safeguarding**

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

Staff spoken with 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/IPL safety**

A laser safety file was in place which contained all of the relevant information in relation to laser/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 1 August 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 1 August 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.

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/laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 25 March 2019 and no recommendations were made.

Ms Flanagan as 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/IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser/IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the laser/IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser and IPL equipment are each operated using a key. Arrangements are in place 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 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/IPL 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/IPL equipment in line with the manufacturer's guidance. The most recent service report of 25 March 2019 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 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 Ms Flanagan evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.



## Risk Management

Ms Flanagan confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Ms Flanagan demonstrated that arrangements were in place to review risk assessments. A review of the risk register/ documentation evidenced that risks have been identified and recorded detailing the measures to mitigate and control the risks and include any learning/findings implemented and assured.

Arrangements were in place for maintaining the environment.

## 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 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/IPL procedure.

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

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

Six 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 Ms Flanagan, staff 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), and Freedom of Information legislation.

The establishment is registered with the ICO.

The client register was reviewed and included details as outlined in Schedule 3 part II of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Flanagan confirmed that the client register is kept up to date.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 Flanagan 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 and electronic records are password protected.

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.

**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 authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Flanagan is the 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.

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

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

There was a complaints policy and procedure in place which was 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 client's guide and information on display in the establishment. No complaints have been received.

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

Discussion with Ms Flanagan 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. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Ms Flanagan demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Flanagan 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 Flanagan.

## 6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. Nineteen clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Nineteen clients indicated that they were very satisfied with each of these areas of their care. One client was very unsatisfied with each of these areas of their care; however no comment was made outlining reasons for this response.

Comments included in submitted questionnaire responses are as follows:

- “XX is a professional who gives high quality care which I find to be safe and effective; it is a pleasure to be a client.”
- “XX is brilliant.”
- “Have had the best treatment from XX at every visit. Just the whole experience made me very easy and comfortable.”
- “Very professional and great aftercare service.”
- “Excellent, wouldn’t go anywhere else.”
- “Brilliant in one word. XX is amazing.”
- “Excellent treatment and care, always very satisfied.”
- “XX is fantastic, couldn’t do without her.”
- “Made feel very special and safe, especially when having an intimate treatment, highly recommended.”
- “XX is brilliant and so professional, I wouldn’t trust anyone else.”
- “Absolutely 100%, always in the best hands.”

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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