

## Announced Care Inspection Report 30 October 2018



### **Jenny Flanagan Laser Aesthetics Limited**

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

**Address: 14C Lisburn Street, Hillsborough, Down, BT26 6AB**

**Tel No: 07842068383**

**Inspector: Carmel McKeegan**

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 on site on the day of inspection as they have been removed 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 operator:**

Ms Jenny Flanagan

**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 30 October 2018 from 11.00 to 13.35

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 to determine 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 managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

No areas requiring improvement were identified during this inspection.

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, 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 pre-registration care inspection dated 4 April 2017**

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent pre-registration care inspection on 4 April 2017.

#### **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 clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection.

Ms Flanagan is the sole authorised operator and does not employ any staff in connection with the delivery of the laser service.

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

During the inspection the inspector met with Ms Jenny Flanagan, 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 Ms Flanagan at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent pre-registration care inspection dated 4 April 2017

The most recent inspection of the establishment was an announced pre-registration 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 4 April 2017

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time	The registered person shall devise a policy and procedure which reflects the regional policy 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015), which should then be signed as read and understood by the authorised operator.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A safeguarding adult at risk of harm policy and procedure was in place which was reflective of 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Ms Flanagan had signed and dated the policy to indicate that she had read and understood the policy.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

#### Staffing

Ms Flanagan confirmed that she is the sole authorised operator for the establishment and that she can 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 is maintained and kept up to date.

Ms Flanagan also confirmed that in the event of appointing any new authorised operator, induction training would be provided on commencement of employment.

A review of training records evidenced that Ms Flanagan as the only authorised operator has up to date training in core of knowledge, application training for the equipment in use, infection prevention and control, fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance. Ms Flanagan provided written confirmation that she is enrolled on a basic life support training session on 21 November 2018.

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 Ms Flanagan confirmed that should authorised operators 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. Ms Flanagan indicated that an authorised operator may be recruited in the future, and advice was provided in this regard. Following the inspection, a recruitment check list, was emailed to Ms Flanagan, which if completed during the recruitment process for any new authorised operator, will ensure that all required documentation is in place.

#### Safeguarding

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

Ms Flanagan was 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 adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. As discussed Ms Flanagan as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy.

A policy and procedure was in place for the safeguarding and protection of adults 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.

The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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

### **Laser and IPL safety**

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 31 March 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 04 April 2018. 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 and laser equipment being used.

The establishment's LPA completed a risk assessment of the premises and the inspection report indicates this is due for review again in March 2019. All recommendations made have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Ms Flanagan, as the authorised operator, has signed to state that she has read and understood the local rules and medical treatment protocols.

When the laser or 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 and 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 had a magnetic lock in place this locking mechanism enables access to the room 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 and IPL equipment is in use and removed when not in use.

Registers have been established for each laser and IPL machine, the relevant register 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 and IPL equipment in line with the manufacturer's guidance. The most recent service reports were reviewed as part of the inspection process and a copy of the ongoing service level agreement was available for inspection.

### **Management of emergencies**

As discussed, Ms Flanagan provided written confirmation that she is enrolled on a basic life support training session on 21 November 2018. Ms Flanagan was aware what action to take in the event of a medical emergency. It was confirmed that when recording client details that the next of kin details are also recorded and available in the event of an 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 use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Ms Flanagan has up to date training in infection prevention and control.

### **Environment**

The premises were maintained to a high 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.

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

A fire risk assessment was also in place; however it was advised that the Northern Ireland Fire and Rescue Service (NIFRS) fire risk assessment should be completed. Following the inspection, an electronic link to the NIFRS fire risk assessment was provided to Ms Flanagan who confirmed that this would be completed at the earliest opportunity.

### Areas of good practice

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

### Areas for improvement

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 and 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.

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 Ms Flanagan 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 that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

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.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.6 Is care compassionate?

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

## Dignity respect and involvement with decision making

Discussion with Ms 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.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- 'Excellent.'
- 'Always first class service.'
- 'Lovely clinic setting, clean and fresh, perfect.'
- 'Totally professional and a total delight.'

### 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
<b>Areas for improvement</b>	0	0

#### 6.7 Is the service well led?

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

### Management and governance

Ms Flanagan has overall responsibility for the day to day management of the service and as previously stated does not employ any staff in relation to the delivery of the laser and IPL service.

Ms Flanagan is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis.

Discussion with Ms Flanagan demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Flanagan demonstrated good awareness of complaints management.

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 also in place to ensure that urgent communications, safety alerts and notices are reviewed.

Discussion with Ms Flanagan confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

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. It was confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and are available on request.

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

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Flanagan.

## 6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All 20 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients also indicated that they were very satisfied with each of these areas of their care. The following comments were included in the submitted questionnaires:

- 'Jenny provides an excellent, professional service and really takes her time with you to help you feel relaxed and at ease with the treatments.'
- 'Fantastic treatments, always done with the upmost professionalism, excellent results.'
- 'I have been given a perfect description and explanation during the treatment period.'
- 'Jenny is amazing, always wants to see the best results and does everything to get them while making you feel at ease and comfortable.'

## 7.0 Quality improvement plan

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**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](https://twitter.com/RQIANews)