

Inspection Report

16 May 2023



The Laser Clinic Northern Ireland

Type of service: Independent Hospital – Cosmetic Laser
Address: 677 Lisburn Road, Belfast, Antrim, BT9 7GT
Telephone number: 028 2565 5603

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: Miss Judith Laverty t/a The Laser Clinic Northern Ireland</p>	<p>Registered Manager: Miss Judith Laverty</p> <p>Date registered: 29 November 2017</p>
<p>Person in charge at the time of inspection: Miss Judith Laverty</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p>Brief description of how the service operates: The Laser Clinic Northern Ireland is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L) category.</p> <p>On 29 November 2017 The Laser Clinic Northern Ireland was registered as Miss Judith Laverty t/a The Laser Clinic Northern Ireland and Miss Laverty was the sole provider. However, during this inspection it was established that the entity of the service had changed from a sole provider to a limited company during July 2017 which was prior to the registration of this service. It was agreed that a new application to register The Laser Clinic Northern Ireland as a limited company would be submitted to RQIA with the accompanying fees. Following the inspection an application to change the entity of the service was submitted to RQIA.</p> <p>Miss Judith Laverty is also the registered person of The Laser Clinic Northern Ireland located in Ballymena.</p> <p>Equipment available in the service:</p> <p><u>Treatment room1</u> Manufacturer: Asclepion Model: MeDioStar NeXT Serial Number: 159X00317 Laser Class: Class 4 Wavelength: 800nm-950nm</p> <p><u>Treatment room2</u> Manufacturer: Cosmeditech</p>	

Model: Q10
 Serial Number: AQSK22120060
 Laser Class: Class 4
 Wavelength: 532nm-1964nm

Manufacturer: Cosmeditech
 Model: Eneka-Pro
 Serial Number: M91-00413
 Laser Class: Class 4
 Wavelength: 755nm-808nm

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
 Ms Donna Murphy
 Ms Denika Caldwell

Types of laser treatments provided:

Laser hair removal

Miss Laverty informed RQIA that the clinic may undertake other treatments in the future to include tattoo removal, pigmentation and carbon peels. This inspection focused only on the treatment of hair removal currently being offered.

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 16 May 2023 from 11.00 am to 3.05pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; laser safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; the clinic's adherence to best practice guidance in relation to COVID-19; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Clients were not available for consultation on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by The Laser Clinic Northern Ireland.

Posters were issued to service by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Laser Clinic Northern Ireland was undertaken on 11 January 2022; no areas for improvement were identified.

5.2 Inspection outcome

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

Miss Laverty told us that since the previous inspection two of the laser machines had been replaced and a third laser machine had been installed. Miss Laverty also informed us that a new authorised operator has been appointed. It was confirmed that there are sufficient staff 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 equipment is maintained and kept up to date.

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

It was confirmed that only authorised operators work at the establishment. Miss Lavery told us that should any new staff member be recruited in any other role, they would be provided with laser safety awareness training.

Appropriate staffing levels were in place to meet the needs of clients.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

A review of the personnel file of one new authorised operator recruited since the previous inspection confirmed that the new authorised operator had been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The recruitment of authorised operators complies with the legislation and best practice guidance.

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

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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise in respect of adults. It was suggested that the relevant contact details should also be included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise in respect of a child.

Discussion with Miss Lavery and an authorised operator confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Miss Lavery, as safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

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

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected best practice guidance.

The laser treatment rooms were clean and clutter free. Some issues were identified as requiring to be addressed:

- all waste receptacles should be lidded and either foot or sensor operated
- a sharps container should be provided and used in keeping with best practice
- the disposable couch roll should be stored off the floor
- a review of waste disposal should be undertaken and consideration should be given to providing clinical waste bins in keeping with best practice

It was agreed that the issues identified above would be actioned.

Discussion with an authorised operator evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Addressing the issues identified above will enhance the arrangements in place in relation to IPC and decontamination in keeping with best practice guidance.

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

The management of operations in response to the COVID-19 pandemic were discussed with the Miss Laverty and an authorised operator. Miss Laverty confirmed that arrangements are in place in relation to the implementation of enhanced IPC procedures; and the client pathway that includes COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

As previously stated two laser treatment rooms are provided and the service also has a storage room and a staff kitchen area. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

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

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

A laser safety file was in place which contained the relevant information in relation to laser equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 2 August 2023.

The establishment's LPA completed a risk assessment of the premises on 3 February 2023 and all recommendations made by the LPA have been addressed. It was also evidenced that up to date local rules were in place which have been developed by the LPA.

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

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

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

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

Both controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Miss Laverty is aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

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

The Laser Clinic Northern Ireland has an individual laser register for each laser machine. It was confirmed that the authorised operators complete the relevant register every time the equipment is operated and each register 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 reports of the laser equipment were reviewed during and following the inspection.

It was determined that appropriate arrangements were in place to operate the laser equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The service has a list of fees displayed at the reception for each laser procedure.

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

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to record the client's general practitioner (GP) details.

Three client care records were reviewed. There was an accurate and up to date treatment record for every client reviewed which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

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

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

Discussion with an authorised operator confirmed that clients are treated with dignity and respect. The consultations and treatments are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

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

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity and respect and are involved in the decision making process.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

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

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

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

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

Miss Laverty confirmed that no complaints had been received since the previous inspection.

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

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 displayed in a prominent place.

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

It was determined that suitable arrangements are in place to enable the registered person to assure themselves of the quality of the services provided.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Miss Laverty and an authorised operator.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Laverty and an authorised operator as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care