

Announced Care Inspection Report

22 December 2020



The Laser Clinic Northern Ireland

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

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Inspector: Norma Munn

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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



In respect of cosmetic laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic;
- laser safety;
- infection prevention and control (IPC);
- organisational governance arrangements;
- staff and client feedback; and
- review of areas for improvement identified during the previous care inspection (if applicable).

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. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a cosmetic laser that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Laser equipment:

- Manufacturer: Asclepion
- Model: MeDioStar NeXT PRO
- Serial Number: 159103816
- Laser Class: Class 4
- Wavelength: 755-950nm

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; and Ms Josephine Robb.

Type of treatments provided: Laser hair removal

3.0 Service details

Organisation/Registered Person: Miss Judith Laverty t/a The Laser Clinic Northern Ireland	Registered Manager: Miss Judith Laverty
Person in charge at the time of inspection: Miss Judith Laverty	Date manager registered: 29 November 2017
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

4.0 Inspection summary

We undertook an announced inspection on 22 December 2020 from 14:00 to 15:30 hours.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing clients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; laser safety; IPC procedures; and the organisational and governance arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. We discussed the findings of the inspection with Miss Laverty 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 27 September 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2019.

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the service. 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; and
- the returned QIP from the previous care inspection.

Questionnaires were provided to clients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff or patient questionnaires were submitted to us.

We undertook a tour of the premises, met with Miss Laverty, Registered Person and authorised operator; and one other authorised operator. A colleague of Miss Laverty's was also present during the inspection who was not an authorised operator. We reviewed relevant records and documents in relation to the day to day operation of the establishment.

We reviewed areas for improvement identified at the last care inspection and assessment of compliance was 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 2019

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 2019

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: Second time	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: We were informed that any outstanding recruitment documentation in respect of the identified authorised operator as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been provided.</p> <p>We confirmed that one new authorised operator had been recruited since the previous inspection.</p> <p>We reviewed the personnel file of the newly recruited staff member and found that information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: Second time	<p>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.</p> <p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: We were informed that an AccessNI enhanced</p>	

	<p>disclosure check had been completed for the identified authorised operator and evidence of this had been submitted to RQIA following the previous inspection.</p> <p>We reviewed the personnel file of the newly recruited staff member and found that an AccessNI enhanced disclosure check had been completed and the outcome recorded prior to the authorised operator commencing employment.</p>	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>The Registered Person should ensure that the issue identified in the LPA's risk assessment action plan, dated 23 September 2019, is addressed by the LPS and the action plan signed and dated in this regard.</p> <p>Action taken as confirmed during the inspection:</p> <p>We confirmed that the issue identified in the LPA's risk assessment dated 23 September 2019 had been addressed.</p> <p>We reviewed the most recent risk assessment carried out during August 2020 by the LPA and found that the issues identified in the risk assessment had been addressed by the LPS and the action plan signed and dated in this regard.</p>	Met

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular businesses need to consider the risks to their clients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Miss Laverty and staff. They outlined the measures taken by The Laser Clinic Northern Ireland to ensure current best practice measures were in place. We determined that appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead. We found policies and procedures had been amended in accordance with DoH guidance to include arrangements to; maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Laser Safety

We reviewed the arrangements in respect of the safe use of the laser equipment.

We reviewed the laser safety file and found that it contained all of the relevant information in relation to the laser. We confirmed that a Laser Protection Advisor (LPA) had been appointed and that the LPA contract expires during 2021. We found up to date Local Rules in place which have been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used.

We confirmed that there are three authorised operators working in the clinic. In accordance with best practice guidance authorised operators must sign and date the authorised operator register. The purpose of signing the register is to confirm that they have read and understood the Local Rules and medical treatment protocols. We reviewed the authorised operator register and evidenced that it had been signed by all three authorised operators.

We reviewed the medical treatment protocols produced by Dr Paul Myers during 2020 and confirmed that arrangements were in place to review the medical treatment protocols every year.

We noted the medical treatment protocols set out the arrangements in relation to the following:

- contraindications;
- technique;
- pre-treatment tests;
- pre-treatment care;
- post-treatment care;
- recognition of treatment-related problems;
- procedure if anything goes wrong with treatment;
- permitted variation on machine variables; and
- procedure in the event of equipment failure.

We reviewed the LPA risk assessment of the premises undertaken during August 2020 and noted the issues identified have been addressed by the LPS.

We confirmed that Local Rules were in place and were dated 26 August 2020. We confirmed arrangements are in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed they included the following:

- the potential hazards associated with lasers and intense light sources;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

We confirmed that Miss Laverty is the LPS and has overall on-site responsibility for safety during laser treatments. The name of the LPS was recorded within the Local Rules.

We reviewed training records and found that authorised operators had up to date training in core of knowledge, safe application for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

We were informed that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

We confirmed that a laser register is maintained for every time the laser is operated and includes:

- the name of the person treated;
- the date;
- the operator;
- the treatment given;
- the precise exposure; and
- any accident or adverse incident.

Staff told us that an initial consultation is undertaken and clients are asked to complete a health questionnaire. Staff confirmed that systems are in place to contact the client's general practitioner, with their consent, for further information if necessary.

We confirmed that paper client records are retained. We advised that client records could be kept in a more organised way so that they can locate a record if required.

We reviewed a selection of client care records and found 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); and
- record of treatment delivered including number of shots and fluence settings (where appropriate).

We reviewed the laser treatment room and found that the room was controlled to protect other persons while treatment is in progress. We noted the door to the treatment room can be locked when the laser machine is in use but can be opened from the outside in the event of an emergency. We confirmed that the treatment room is a controlled area that is clearly defined and not used for other purposes, or as access to areas when treatment is being carried out.

Staff were aware that when laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

We confirmed that protective eyewear is available for the client and operator as outlined in the Local Rules.

We observed a laser safety warning sign and confirmed that this will be displayed when the laser is in use and removed when not in use, as described within the Local Rules.

We observed that the laser is operated using a key. We reviewed the arrangements in relation to the safe custody of the key and confirmed the arrangements to be satisfactory.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. We reviewed the most recent service report which was dated 5 August 2020.

We observed a carbon dioxide (CO₂) fire extinguisher suitable for electrical fires was available in the clinic. We confirmed that arrangements are in place to ensure that the fire extinguisher is serviced in keeping with manufacturer's instruction.

Areas of good practice: Laser safety

We reviewed the current arrangements with respect to laser safety and evidenced good practice that was being actively reviewed.

Areas for improvement: Laser safety

We identified no areas for improvement regarding the management of laser safety within the establishment.

	Regulations	Standards
Areas for improvement	0	0

6.6 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures throughout the clinic to evidence that the risk of infection transmission to clients, visitors and staff was minimised. We confirmed that the clinic had an overarching IPC policy and procedures in place.

We undertook a tour of the premises and noted that the establishment was clean, tidy and uncluttered. We found that all areas of the establishment were fully equipped to meet the needs of clients. We reviewed arrangements in relation to IPC procedures throughout the establishment and found that the risk of infection transmission to patients, visitors and staff was minimised.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. As discussed we confirmed that all authorised operators had completed IPC training. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We found that cleaning schedules were in place. Staff described the arrangements to decontaminate the environment and equipment between clients and we found these to be satisfactory.

We observed that the clinic had a dedicated hand washing basin available and that hand sanitiser was available both within the treatment room and outside of the treatment room.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.7 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a cosmetic laser service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Miss Laverty was in day to day charge of the service, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.8 Equality data

We discussed the arrangements in place regarding 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. Staff told us that equality data collected was managed in line with best practice.

6.9 Client and staff views

The establishment distributed questionnaires to clients on our behalf and no clients submitted responses to RQIA.

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

We confirmed that 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.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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