

# Inspection Report

13 January 2022



## 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](http://www.rqia.org.uk)

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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><b>Organisation/Registered Provider:</b> Miss Judith Laverty t/a The Laser Clinic Northern Ireland</p> <p><b>Responsible Individual:</b> Miss Judith Laverty</p>	<p><b>Registered Manager:</b> Miss Judith Laverty</p> <p><b>Date registered:</b> 29 November 2017</p>
<p><b>Person in charge at the time of inspection:</b> The clinic manager</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p><b>Brief description of how the service operates:</b> The Laser Clinic Northern Ireland (NI) 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>A discussion took place regarding proposed new treatments and services being considered by The Laser Clinic NI. It was agreed that the proposed new treatments and services would be submitted to RQIA in writing for review and consideration.</p> <p>Miss Judith Laverty is also the responsible individual of The Laser Clinic NI located in Ballymena.</p> <p><b>Equipment available in the service:</b></p> <p><u>Treatment room1</u></p> <p>Manufacturer: Asclepion Model: MeDioStar NeXT PRO Serial Number: 159103816 Laser Class: Class 4 Wavelength: 755-950nm</p> <p><u>Treatment room2</u></p> <p>Manufacturer: Asclepion Model: MeDioStar NeXT PRO Serial Number: 159X00402 Laser Class: Class 4 Wavelength: 755-950nm</p>	

**Laser Protection Advisor (LPA):** Ms Anna Bass (Lasermet)

**Medical Support Services:** Dr Paul Myers

**Laser Protection Supervisor (LPS):** Miss Judith Laverty

**Authorised operators:** Miss Judith Laverty; Ms Donna Murphy; Ms Josephine Robb; and Ms Robyn Chambers

**Types of laser treatments provided:** Laser hair removal

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 13 January 2022 from 10:30 am to 12.45pm.

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 present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by The Laser Clinic NI.

Posters were issued to The Laser Clinic NI 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 NI was undertaken on 22 December 2020; 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?

The clinic manager told us that since the previous inspection in December 2020 a second laser has been installed and 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.

The clinic manager 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 users 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.

Only authorised operators work at the establishment. The clinic manager 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 service had appropriate arrangements in place to manage a safeguarding issue should it arise.

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

The clinic manager told us 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.

Discussion with the clinic manager confirmed that she was 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 Laverty and the clinic manager, as safeguarding leads, have 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 both 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, the clinic manager confirmed that all authorised operators are aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and 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 legislation and best practice guidance in all areas.

Since the previous inspection an existing beauty treatment room has been repurposed as a second laser treatment room. Both laser treatment rooms were clean and clutter free. Discussion with the clinic manager 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.

The service had appropriate arrangements in place in relation to IPC and decontamination

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

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.

The management of operations in response to the COVID-19 pandemic were discussed with the clinic manager who outlined the measures taken by The Laser Clinic NI to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The proposed 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, 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 (CO<sub>2</sub>) 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 13 August 2022.

The establishment's LPA completed a risk assessment of the premises on 20 December 2021 and all recommendations made by the LPA have been addressed. It was also evidenced that up to date local rules were in place which has been developed by the LPA.

Discussion with the clinic manager and 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 treatments being provided. It as evidenced that systems are in place to review the medical treatment protocols when due.

Miss Judith 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 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 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. The clinic manager was aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

Both 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 NI has an individual laser register for each laser machine. The clinic manager told us that the authorised operators complete the relevant register 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. The most recent service reports of the laser equipment were reviewed.

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 available 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 contact the client's general practitioner (GP), with their consent, for further information if necessary.

Four client care records were reviewed. There was an accurate and up to date treatment record for every client 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.

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 service has a policy for advertising and marketing which is in line with legislation.

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 the clinic manager regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment 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.

The clinic manager told us that clients are encouraged to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties.

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. The clinic manager confirmed that the questionnaire findings will be collated to provide a summary report which will be made 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.

A copy of the complaints procedure was available in the establishment. Authorised operators evidenced a good awareness of complaints management.

The clinic manager confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

The clinic manager stated that Miss Laverty had a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. It was 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 appropriate arrangements were in place to provide assurance to the responsible individual of the quality of the services provided in the establishment.

#### 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 the clinic manager.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

### 6.0 Quality Improvement Plan/Areas for Improvement

	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 the clinic manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews