

Inspection Report

15 July 2021



LaserMed Comber

Type of service: Independent Hospital – Intense Pulse Light (IPL)
Address: 68 Mill Street, Comber, BT23 5EG
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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

Organisation/Registered Provider: Ms Veronika Giffen	Registered Manager: Ms Veronika Giffen Date registered: 13 December 2019
Person in charge at the time of inspection: Ms Veronika Giffen	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: LaserMed Comber provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that falls within regulated activity and the categories of care for which the establishment is registered with RQIA. IPL Equipment: Manufacturer: Lynton Model: Lumina Serial Number: Lum-204 Wavelengths: 585nanonmeter (nm) -650nm Laser protection advisor (LPA) Dr Godfrey Town, GCG Healthcare Ltd Laser protection supervisor (LPS) Ms Veronika Giffen Medical support services Dr Ross Martin Authorised operator Ms Veronika Giffen Types of treatment provided <ul style="list-style-type: none"> • hair removal • skin rejuvenation 	

- red vein treatment (vascular)
- acne treatment
- pigmentation

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 July 2021 from 10:30 am to 12.30 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure LaserMed Comber was not inspected by RQIA during the 2020-21 inspection year.

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; authorised operator training; safeguarding; IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; 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

Posters were issued to LaserMed Comber by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Eight clients submitted responses. Client responses 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 indicated that they were very satisfied with each of these areas of their care. A number of client responses included comments which indicated a high level of satisfaction with the care and treatment provided to them.

Ms Giffen informed us that she is the only person working LaserMed Comber therefore staff questionnaires were not received by RQIA.

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 LaserMed Comber was undertaken on 9 October 2019; 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?

As discussed, Ms Giffen is the only person who works in LaserMed Comber. Ms Giffen told us that IPL treatments are carried out by her as the sole authorised operator. The register of authorised operators for the IPL machine reflects that Ms Giffen is the only authorised operator.

A review of training records evidenced that Ms Giffen has 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.

Ms Giffen confirmed that she is currently able meet the needs of clients without any additional staff.

Ms Giffen confirmed that should any new staff commence employment they would undertake a formal induction programme.

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

As discussed, LaserMed Comber does not employ any staff. However, there was a robust recruitment and selection policy and procedure, that adhered to legislation and best practice guidance, should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection. There was evidence of a job description and induction checklist for authorised operators.

Discussion with Ms Giffen confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection. 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?

Ms Giffen stated that IPL 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 Ms Giffen 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 Ms Giffen, as the 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 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?

Ms Giffen had up to date training in basic life support and was 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.

The IPL treatment room was clean and clutter free. Discussion with Ms Giffen 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 Giffen has 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 Ms Giffen who outlined the measures taken by LaserMed Comber 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?

The service has one dedicated treatment room which was appropriately equipped to safely undertake IPL treatments. 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 IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the IPL 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 4 June 2022.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the IPL machine being used. The establishment's LPA completed a risk assessment of the premises during 5 June 2019 and this is due for renewal on 6 June 2022. All recommendations made by the LPA have been addressed.

As discussed, Ms Giffen is the sole authorised operator and told us that IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner and are due to expire on 4 June 2022. Systems are in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

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

When the 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 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 IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the key 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. Ms Giffen was aware that the laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

LaserMed Comber has an IPL register which is completed every time the IPL machine 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 IPL machine in accordance with the manufacturer's guidance. The most recent service report was dated 9 July 2021.

It was determined that appropriate arrangements were in place to operate the IPL 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 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 (GP), with their consent, for further information if necessary.

Three 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.

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

Discussion with Ms Giffen 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

Ms Giffen told us that she encourages clients to complete a satisfaction survey when their treatment is complete and the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms Giffen confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report demonstrated that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the registered provider 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. Ms Giffen 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 IPL 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. Ms Giffen evidenced a good awareness of complaints management.

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

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

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 Ms Giffen.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led.

7.0 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 Ms Veronika Giffen, Registered Person, as part of the inspection process and can be found in the main body of the report.



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