

Inspection Report

30 March 2023



The Carson Clinic

Type of service: Independent Hospital – Cosmetic laser service

Address: 4-6 Market Place, Lisburn BT28 1AN

Telephone number: 028 9266 6462

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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered provider: The Carson Clinic</p> <p>Applicant responsible individual: Mrs Marie Carson – application submitted</p>	<p>Applicant registered manager: Mrs Marie Carson –application submitted</p> <p>Date registered: Registration pending</p>
<p>Person in charge at the time of inspection: Mrs Marie Carson</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 Carson Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p> <p>A tattoo studio also operates from the same premises as The Carson Clinic and shares communal areas. This inspection focused solely on those laser treatments that fall within regulated activity and the category of care for which the establishment is registered with RQIA.</p> <p>Laser equipment available in the service:</p> <p>Manufacturer: Lynton Model: Luminette Serial Number: LETQ102-21 Laser Class: 4 Wavelength: Nd YAG 532nm & 1064nm</p> <p>Laser protection advisor (LPA): Dr Andrew Barry, Lasersafe</p> <p>Laser protection supervisor (LPS): Mrs Marie Carson</p> <p>Medical support services: Dr Ross Martin</p> <p>Authorised operator: Mrs Marie Carson</p> <p>Types of laser treatments provided: Tattoo removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 30 March 2023 from 10.30 am to 1.30 pm.

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.

Since the last inspection there has been a change in the management arrangements of The Carson Clinic. Ms Julieann Carson, the previous responsible individual and registered manager has left the business. On 10 May 2023 an application was submitted to RQIA for the registration of Mrs Marie Carson as the responsible individual and registered manager.

There was evidence of good practice concerning staff recruitment; 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.

Three areas for improvement have been identified against the regulations and nine areas for improvement have been identified against the standards.

The areas for improvement against the regulations relate to the fire risk assessment and the provision of the statement of purpose and client guide.

The areas for improvement against the standards relate to; safeguarding training; the development of a medical emergency policy; the further development of the infection prevention and control policy; review of the COVID-19 risk assessment; consulting with the LPA to amend the local rules; verification that the LPA risk assessment action plan has been addressed; further development of the complaints policy; develop an incident policy; and ensure a suite of policies and procedures are in place for all key operational areas and are in accordance with statutory requirements.

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 Carson Clinic.

Posters were issued to The Carson Clinic 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 Carson Clinic was undertaken on 16 February 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?

Mrs Marie Carson is the only person who works in The Carson Clinic. Mrs Carson told us that laser treatments are carried out only by her as the sole authorised operator. The register of authorised operators for the laser equipment reflects that Mrs Carson is the only authorised operator.

A review of training records evidenced that Mrs Carson had up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, safeguarding adults at risk of harm and fire safety awareness.

It was confirmed 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.

It was confirmed that 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?

As discussed The Carson Clinic does not employ any staff. A recruitment and selection policy and procedure was in place that outlined all the required documents to be sought for any new authorised operator prior to commencement of employment. Adherence to this policy would ensure that all required recruitment documentation would be sought and retained for inspection. Mrs Carson indicated that there were no plans for authorised operators to be recruited in the future.

Discussion with Mrs Carson 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?

Mrs Carson stated that laser treatments will not be provided to persons under the age of 18 years.

A policy and procedures 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Carson 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.

A review of records demonstrated that Mrs Carson, as the safeguarding lead, had completed training in safeguarding adults, however we were unable to establish if this training was level 2 training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. An area for improvement has been made against the standards in this regard.

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.

Confirmation that the safeguarding lead has completed formal level two safeguarding adults at risk of harm training will strengthen the arrangements to manage a safeguarding issue should it arise.

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

A resuscitation or medical emergency policy was not in place, advice and guidance was provided in this regard. An area for improvement has been made against the standards.

As discussed previously Mrs Carson had up to date training in basic life support and was aware of what action to take in the event of a medical emergency.

Addressing the area for improvement will ensure the service has appropriate arrangements in place to manage a medical emergency should this arise.

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

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

There was an overarching IPC policy and procedure in place. Mrs Carson was advised to further develop this policy to ensure that current IPC practice is in keeping with legislation and best practice guidance. An area for improvement against the standards has been made.

The laser treatment room was clean and clutter free and cleaning schedules had been developed. Mrs Carson demonstrated the procedures for the decontamination of equipment between use and advice was given to ensure this practice is documented either within the client's record or within the cleaning schedules. Hand washing facilities were available in the toilet area and adequate supplies of personal protective equipment (PPE) were provided.

Addressing the area for improvement will ensure the service have 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 was previously declared as a public health emergency meaning 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 Mrs Carson who outlined the measures taken by The Carson Clinic to ensure current best practice measures are in place. Mrs Carson advised that IPC procedures will continue and the client pathway will include COVID-19 screening prior to attending appointments. A review of records demonstrated that a COVID-19 risk assessment had been undertaken in December 2021 and had not been updated. An area for improvement has been made against the standards to review and update the COVID-19 risk assessment, to ensure this reflects the current management arrangements and is in line with best practice guidance.

Reviewing and updating the COVID-19 risk assessment will strengthen the arrangements and minimise the risk of COVID-19 transmission.

5.2.7 How does the service ensure the environment is safe?

The service has one treatment room. The premises were maintained to a good standard of maintenance and décor.

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

A fire risk assessment had been completed during February 2022. It was identified that the action plan had not been signed to verify the identified areas had been addressed. It was also noted that the fire risk assessment had been due for review in February 2023.

An area for improvement has been made against the regulations to ensure the issues outlined in the fire risk assessment action plan are addressed; that the fire risk assessment is reviewed; and a system is established to ensure the fire risk assessment is reviewed annually on an ongoing basis.

Addressing the identified area for improvement will strengthen the arrangements to safely 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 information in relation to the laser equipment in place.

A review of laser safety documents demonstrated that these had been provided by an LPA however there was no written confirmation of the appointment and duties of the current certified LPA available. Mrs Carson was advised that written confirmation of the appointed certified LPA should be in place and renewed on an annual basis. On 10 May 2023 RQIA received a copy of a new service level agreement between the establishment and the LPA and it was evidenced that this agreement is valid from 5 May 2023 to 4 May 2024.

A set of local rules was in place which had been produced by an LPA on 5 October 2021. As the local rules should be renewed on an annual basis Mrs Carson was advised that the local rules should be renewed by the clinic's appointed LPA. On 10 May 2023 RQIA received a copy of the updated local rules that were issued on 5 May 2023. The updated local rules contained relevant information about the laser equipment being used, however it was identified that the most accessible eye casualty department was not included and the details of Medicine and Healthcare products Regulatory Agency (MHRA) does not apply in Northern Ireland and should be changed to the Northern Ireland Adverse Incident Centre (NIAIC) as one of the bodies to be notified should a reportable untoward event occur. Mrs Carson should consult with her LPA to ensure that the local rules are amended accordingly and an area for improvement has been made against the standards.

It was also identified that the LPA undertook a risk assessment of the premises on 5 October 2021 this was discussed and on 10 May 2023 RQIA received a copy of an updated LPA risk assessment dated 5 May 2023. A review of this document identified that the action plan had not been signed to verify that all recommendations made by the LPA have been addressed. An area for improvement has been made against the standards in this regard.

As discussed, Mrs Carson is the sole authorised operator and told us that laser tattoo removal is carried out following a medical treatment protocol. The medical treatment protocol had been produced by a named registered medical practitioner. It was demonstrated that the protocol contained the relevant information about the treatment being provided and was dated August 2022. It was noted that the letter detailing the new service level agreement between the establishment and the LPA also stated that the medical treatment protocol produced by Dr Ross Martin dated 18 August 2022 remains current and is appropriate for use with the Lynton Luminette laser.

Mrs Carson, as the LPS and sole authorised operator, has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Mrs Carson had signed to state that she had read and understood the existing local rules and medical treatment protocols. Mrs Carson was aware that she would also need to sign and date the new 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Mrs Carson was aware that the laser safety warning signage should only be displayed when the laser equipment is in use and removed when not in use.

The laser machine is operated using a key and arrangements were 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 Carson Clinic has a laser register and Mrs Carson told us that she completes the register every time the equipment is operated. The laser register was seen to include:

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

It was noted the laser register did not facilitate the authorised operator to record the area of the body treated. Mrs Carson was advised to further develop the laser register to ensure the area of the body treated is recorded with each entry made.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of the laser was reviewed.

Addressing the areas for improvement regarding laser safety will ensure that the appropriate arrangements are 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. 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.

During the initial consultation each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

The service has a list of fees available for laser tattoo removal. 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.

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.

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

Discussion with Mrs Carson 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.

Mrs Carson told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. A number of client satisfaction surveys had been completed. Mrs Carson confirmed that the results of these will be collated to provide an anonymised summary report and will be made available to clients and other interested parties. Mrs Carson also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of a sample of completed client satisfaction questionnaires demonstrated that clients expressed a high level of satisfaction with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

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. Mrs Carson confirmed that she is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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.

A complaints policy and procedure was in place. It was identified that this needed further development to meet with best practice guidance and provide clear instructions for clients to follow. Mrs Carson was advised to ensure that any complaint received should be recorded in a complaints register and all relevant records retained including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Mrs Carson confirmed that no complaints had been received since the previous inspection. An area for improvement has been made against the standards to further develop the complaints policy.

It was identified that an incident policy and procedure was not in place and an area for improvement has been made against the standards in this regard. Mrs Carson confirmed that should an untoward event occur, the details would be 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](#). Assurances were provided that arrangements would be put in place to audit adverse incidents to identify trends and improve service provided.

A limited number of policies and procedures were available outlining the arrangements associated with the laser treatments. This inspection identified that some policies are in need of further development, as discussed and has also identified areas where policies and procedures were not in place. Mrs Carson was advised that a range of policies and procedures should in place and easily accessible. Policies should be indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. Advice and support was provided to Mrs Carson to assist with the development of a suite of policies and procedures in relation to the areas previously identified and also in relation to: records management; advertising; health and safety and risk management and quality assurance.

An area for improvement has been made against the standards to ensure policies and procedures are in place for all key operational areas and are in accordance with statutory requirements.

The Carson Clinic's statement of purpose and client's guide had previously been reviewed during the last RQIA inspection however these documents could not be located. Mrs Carson was provided with a template to assist in the development of both documents. Two areas for improvement have been made against the regulations to provide a statement of purpose and client guide; both documents should be kept under review, revised and updated when necessary and available on request.

Insurance documentation was not available during this inspection however this was provided to RQIA following the inspection. Insurance cover was seen to be current and appropriate for the laser service provided by The Carson Clinic.

Mrs Carson demonstrated a good understanding of the operational arrangements to ensure the delivery of quality treatment and care. As previously discussed Mrs Carson has submitted an application to become the responsible individual and registered person of The Carson Clinic. As part of the application process RQIA will undertake a fit person interview with Mrs Carson to ensure she has a clear understanding of her role and responsibilities as a responsible individual and registered manager under the relevant legislation and minimum standards.

It was determined that addressing the areas for improvement as outlined will strengthen arrangements and assure the responsible individual 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 will be discussed with Mrs Carson when undertaking the fit person interview undertaken as part of responsible individual application process.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	3	9

Areas for improvement and details of the QIP were discussed with Mrs Carson, Applicant Responsible Individual and Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (4) (e and f) Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall ensure; <ul style="list-style-type: none"> • the fire risk assessment (dated February 2022) is reviewed and the areas outlined in the action plan addressed • a system is established to ensure the fire risk assessment is reviewed annually on an ongoing basis Ref: 5.2.7
	Response by registered person detailing the actions taken: The fire risk assessment has been updated and will be reviewed annually on an ongoing basis.
Area for improvement 2 Ref: Regulation 7 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall ensure a statement of purpose is in place, be kept under review, revised and updated when necessary and available on request. Ref: 5.2.11
	Response by registered person detailing the actions taken: The statement of purpose is in place and will be updated when necessary and will be available on request.
Area for improvement 3 Ref: Regulation 8 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall ensure the client guide is in place and available to clients, be kept under review, revised and updated when necessary and available on request.
	Response by registered person detailing the actions taken: A client guide is in place and available to clients and will be revised and updated when necessary.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.9 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall confirm that the safeguarding lead has undertaken formal level two training in safeguarding adults, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. Ref: 5.2.3
	Response by registered person detailing the actions taken: i can confirm that the safeguarding training was level 2
Area for improvement 2 Ref: Standard 18.1 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall develop a management of a medical emergency policy in keeping with best practice. Ref: 5.2.4
	Response by registered person detailing the actions taken: A medical emergency's policy has been developed.
Area for improvement 3 Ref: Standard 20.2 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall further develop the infection prevention and control policy in keeping with legislation and best practice guidance. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Infection prevention and control policy has been developed and cleaning schedules are in place.
Area for improvement 4 Ref: Standard 20.2 Stated: First time To be completed by: 30 May 2023	The applicant responsible individual shall review and update the COVID-19 risk assessment, to ensure this reflects the current management arrangements and is in line with best practice guidance. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Covid-19 risk assessment has been up dated.

<p>Area for improvement 5</p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2023</p>	<p>The applicant responsible individual shall consult with their laser protection advisor to ensure that the local rules are amended and accurately reflect the following:</p> <ul style="list-style-type: none"> • the contact details of the accident and emergency and eye casualty departments • the details of the relevant bodies that incidents should be reported to that includes RQIA and the Northern Ireland Adverse Incident Centre (NIAIC) <p>Ref: 5.2.8</p>
<p>Area for improvement 6</p> <p>Ref: Standard 48.11</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>The local rules has been amended</p> <p>The applicant responsible individual shall ensure the action plan included in the risk assessment undertaken by the laser protection advisor (LPA) on 5 May 2023, is signed by the laser protection supervisor to verify that all recommendations made by the LPA have been addressed.</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 7</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2023</p>	<p>The applicant responsible individual shall ensure the complaints policy is further developed in line with legislation and best practice guidance.</p> <p>Ref: 5.2.11</p> <p>Response by registered person detailing the actions taken:</p> <p>A complaints policy has been developed in line with legislation and best practice guidance.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 9.9</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2023</p>	<p>The applicant responsible individual shall ensure the incident policy and procedure is developed in line with legislation and includes the reporting arrangements to RQIA and other relevant external bodies in accordance with legislation.</p> <p>Ref: 5.2.11</p> <p>Response by registered person detailing the actions taken:</p> <p>The incident management policy has been developed in line with legislation.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2023</p>	<p>The applicant responsible individual shall ensure policies and procedures are in place for all key operational areas and are in accordance with statutory requirements. Policies should be centrally indexed, dated when issued, reviewed and revised systematically every three years or sooner as required by best practice guidance and/or legislation.</p> <p>Ref: 5.2.11</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Policies and procedures for all key areas are in place, and are indexed and dated when issued.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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