

# Inspection Report

2 December 2024



## MourneView Laser Studio NI

Type of service: Independent Hospital - Cosmetic Laser/Intense Pulse Light

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

## 1.0 Service information

<b>Organisation/Provider:</b> Ms Janine Bardon	<b>Registered Manager:</b> Ms Janine Bardon  <b>Date registered:</b> 25 October 2022
<b>Person in charge at the time of inspection:</b> Ms Janine Bardon	
<b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
<b>Brief description of how the service operates:</b> MourneView Laser Studio NI 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 and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.  Ms Bardon told us that the Shiny IPL machine has been decommissioned from service. Advice was provided to Ms Bardon regards maintaining an PT (IL) category of care in the absence of IPL equipment at MourneView Laser Studio NI.	
<b>Equipment available in the service:</b>  <b>Laser equipment:</b> Manufacturer: Cosmeditech Model: Eneka Pro 4000 Serial Number: M91- 00553 Laser Class: 4 Wavelength: 810 nm	
<b>Types of laser treatments provided:</b> Hair removal	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 2 December 2024 from 10.00 am to 1.00 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.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control; 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.

One area for improvement has been made against the standards in relation to the completion of the client register in accordance with the minimum standards.

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 MourneView Laser Studio NI.

Posters were issued to MourneView Laser Studio NI by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

One client submitted a survey response. The client indicated that they felt their care was safe, that they were treated with compassion and that the service was well led. The client indicated that they were very satisfied with these three areas of their care however they indicated that they were dissatisfied regarding the effectiveness of treatment.

This matter was discussed with the provider. The client commented on the helpful, professional staff and clean environment.

No staff submitted questionnaire responses.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 4 December 2023		
Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.4 and 48.6  <b>Stated:</b> First time	The registered person shall ensure that arrangements are in place to ensure that a laser protection advisor (LPA) and medical support officer are appointed at all times to the service, and that evidence thereof is retained in the laser file for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.7	

## 5.2 Inspection outcome

### 5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients and staff are suitably trained?

Ms Bardon told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser machine reflects that Ms Bardon is the authorised operator.

A review of training records evidenced that Ms Bardon 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.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

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

There have been no authorised operators recruited since the previous inspection. During discussion Ms Bardon confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was evidence of job descriptions and induction checklists for authorised operators.

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

It was determined that 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 Bardon stated that laser treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults and children 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 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 Bardon 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 Bardon, as the safeguarding lead, has completed formal level two 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 a copy of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were available for reference.

It was determined that 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 Bardon 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 written protocol in place for dealing with recognised medical emergencies.

It was determined that 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 (IPC) 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.

The laser treatment room was clean and clutter free. Discussion with Ms Bardon 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 Bardon had up to date training in IPC.

Ms Bardon is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

#### **5.2.6 How does the service ensure the environment is safe?**

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.

#### **5.2.7 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 laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 28 December 2025.

Ms Bardon informed us that, since the last inspection, she has replaced her former equipment with a new laser machine. A review of documentation confirmed that this new laser machine was commissioned during October 2024.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during November 2024 and all recommendations made by the LPA have been addressed.

Ms Bardon confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during December 2024. It was established that systems are in place to review the medical treatment protocols when due.

It was evidenced that an LPA and medical support officer have been appointed therefore, that the area for improvement 1 made against the standards, as a result of the previous inspection, has been met.

Ms Bardon, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Ms Bardon had signed to state that she 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 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. Ms Bardon was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser machine is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

MourneView Laser Studio NI has one laser register in place. Ms Bardon told us that she completes the relevant section of the register every time the equipment is operated.

The client register reviewed included:

- the name of the person treated
- the date
- the operator
- any accident or adverse incident



However, the register did not include the treatment given, the area of body treated or the precise exposure given. An area for improvement has been made against the standards in this regard.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance.

Addressing the area for improvement will ensure that appropriate arrangements are in place to operate the laser equipment.

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

Ms Bardon confirmed that 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 pre and post treatment information.

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 type of treatment provided and the individual requirements of the client.

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.

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)

The review of the care records identified that clients had not signed their clinical record to confirm their health status was up to date prior to each treatment. This was discussed and advice and guidance was provided to Ms Bardon regarding maintaining accurate and up to date treatment records. Ms Bardon gave assurance that this would be recorded at each visit with immediate effect.

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.

The service has a policy for advertising and marketing.

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.



### **5.2.9 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?**

Discussion with Ms Bardon 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.

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

Review of the most recent client satisfaction report dated April 2024 found that clients were satisfied 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.

### **5.2.10 How does the registered provider assure themselves of the quality of the services provided?**

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the clinic, 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.

Ms Bardon was in day to day management of the clinic, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

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

A review of records confirmed that no complaints had been received since the previous inspection.

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

Ms Bardon demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Bardon confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was displayed in a prominent place.

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

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

#### **5.2.11 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 Bardon.

### **6.0 Quality Improvement Plan/Areas for Improvement**

One area for improvement has been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Ms Bardon, Registered Person, 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 <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.9  <b>Stated:</b> First time  <b>To be completed by:</b> 4 December 2024	The registered person shall ensure that the following information is recorded in the client register each time a laser treatment is provided: <ul style="list-style-type: none"> <li>• the treatment given</li> <li>• the area of body treated</li> <li>• the precise exposure given</li> </ul> Ref: 5.2.7
	<b>Response by registered person detailing the actions taken:</b> This has now been implemented and more information is provided on the register.

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



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