

Inspection Report

4 December 2023



MourneView Laser Studio NI

Type of service: IH-Cosmetic Laser\Intense Pulsed Light

Address: 67 Mourne View Road, Newcastle, BT33 0QS

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

1.0 Service information

Applicant Organisation/Provider: Ms Janine Bardon	Applicant Registered Manager: Ms Janine Bardon
Responsible Individual: Ms Janine Bardon	Date registered: 25 October 2022
Person in charge at the time of inspection: Ms Janine Bardon	
Categories of care: 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)	
Brief description of how the service operates: 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.	
Equipment available in the service: Laser equipment: Manufacturer: Cosmeditech Model: Elysion Diode laser Serial Number: 20000480-10052 Laser Class: 4 Wavelength: 810nm IPL equipment: Manufacturer: Phototherapy Model: Shiny IPL Serial Number: ASR 20081194 Laser Class: N/A Wavelength: 400-1200 nm	
Types of laser treatments provided: Hair removal	

Types of IPL treatments provided:

Skin rejuvenation
Vascular

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 4 December 2023 from 10.30 am to 12.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified since 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; management of medical emergencies; infection prevention and control (IPC); adherence to best practice guidance in relation to COVID-19; 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.

An area for improvement has been made in relation to the appointment of laser safety personnel and is outlined in section 5.2.8 within the main body of the text.

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

Three 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. Two client responses included complementary comments on the clean, welcoming environment and the professionalism of staff.

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 MourneView Laser Studio NI was undertaken on 14 October 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 and staff are suitably trained?

Laser and IPL treatments should only be carried out by named authorised operators. The register of authorised operators for the laser and IPL machines reflects that Ms Bardon is an authorised operator at MourneView Laser Studio NI.

A review of training records evidenced that Ms Bardon has up to date training in core of knowledge, safe application 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?

A recruitment and selection policy and procedure was 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.

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 and IPL 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 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 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).

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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.

Advice and guidance was provided to Ms Bardon to develop a grab sheet for use in the instance of an eye injury to a client. Following inspection RQIA was provided with evidence that a grab sheet had been developed and retained in the treatment room.

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 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 treatment room for the laser and IPL 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.

It was determined that 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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Ms Bardon who outlined the measures that taken by MourneView Laser Studio NI to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 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 (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 laser and IPL procedures are safe?

A laser safety file was in place which contained relevant information in relation to the laser and IPL equipment.

A review of the file evidenced that the certificate of appointment for the laser protection advisor (LPA) and medical support officer had both expired during August 2023. As a consequence, the local rules and medical treatment protocols were not in date. This was brought to the attention of Ms Bardon who gave assurances that both appointments had been renewed but that appointment certificates had not been printed and retained on file. Following the inspection Ms Bardon provided RQIA with evidence of the appointment for the LPA dated with effect from 14 October 2023 and for the medical support officer dated with effect from 6 December 2023.

Ms Bardon was advised that robust arrangements must be in place to ensure that there is a laser protection advisor and a medical support officer appointed to MourneView Laser Studio NI at all times. An area for improvement against the standards has been made in this regard.

Ms Bardon was advised that the laser protection file should be reviewed at least on an annual basis and kept up to date.

On review of the LPA file it was noted that the local rules were dated August 2022. However, during the pre-registration inspection during October 2022 it was identified that the local rules required to be updated to accurately reflect the make and model of the IPL equipment in place. This was discussed with Ms Bardon who was advised that the LPA file must contain the most recent versions of relevant laser documentation. Following the inspection, RQIA received confirmation from Ms Bardon that the most recent version of the local rules dated October 2023 had been sought and retained.

Ms Bardon confirmed that laser and IPL procedures are carried out following medical treatment protocols produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided. As previously discussed the appointment of the medical support officer had expired. The medical support officer has been reappointed and during this process they have confirmed that the medical treatment protocols on file are valid until 5 December 2024.

The establishment's LPA completed a risk assessment of the premises during August 2022 and all recommendations made by the LPA have been addressed.

Ms Bardon, as the LPS and authorised operator has overall responsibility for safety during laser and IPL treatments. Ms Bardon had signed to state that she had read and understood the local rules and medical treatment protocols.

When the laser or 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 laser and IPL 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 or IPL 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 or IPL equipment is in use and removed when not in use.

The laser and IPL equipment are operated using a key. Arrangements are in place for the safe custody of the key's when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

MourneView laser studio NI has separate laser and IPL registers.

Ms Bardon told us that the relevant section of the register is completed every time the equipment is operated. The registers reviewed included:

- 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 and IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL and laser dated June 2023 was reviewed.

It was determined that appropriate arrangements were in place to operate the laser and 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?

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 effects, side-effects, 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 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.

Two 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.

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.

5.2.10 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.

Service user consultation was discussed with Ms Bardon. Ms Bardon advised that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete and can also leave reviews via social media channels.

It was noted that an annual report of client feedback was not available for review. Advice and guidance was provided to Ms Bardon to survey a sample of client feedback as a priority following the inspection and to summarise the findings into a report. This report is to be retained and made available to clients and other interested parties. Ms Bardon was receptive to this advice and agreed to develop appropriate measures. Ms Bardon 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, 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 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 establishment, 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 establishment, 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 and 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.

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. Ms Bardon demonstrated a good awareness of complaints management.

The complaints policy and procedure provided clear instructions for patients 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.

Guidance was provided to update the published RQIA address on the complaints documentation. Following inspection RQIA received written confirmation that this amendment had been made.

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

Ms Bardon 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 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.

Following the assurances given with regards to reviewing patient feedback, it was determined that suitable arrangements are in place to enable the Ms Bardon to assure herself 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 was discussed with Ms Bardon.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Ms Bardon, Registered Person, as part of the inspection process and can be found in the main body of the report.

The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independant Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.4 and 48.6 Stated: First time To be completed by: 4 th December 2023	<p>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.</p> <p>Ref: 5.2.8</p>
	Response by registered person detailing the actions taken:

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



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