

Inspection Report

27 August 2021



Bloomfield Laser & Cosmetic Surgery Centre

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)

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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: Bloomfield Laser & Cosmetic Surgery Centre	Registered Manager: Mr Jules Handley
Responsible Individual: Mr Jules Handley	Date registered: 15 September 2008
Person in charge at the time of inspection: Mr Jules Handley	
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and/or PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	
Brief description of how the service operates: Bloomfield Laser & Cosmetic Surgery Centre provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service:	
Laser equipment:	
<u>Treatment Room 1</u>	
Manufacturer:	Cynosure
Model:	Elite
Serial No:	ELM D2389
Class of Laser:	Class 4
Output wavelength	755nm & 1064nm
<u>Treatment Room 2</u>	
Manufacturer:	Lumenis
Model:	Ultra Pulse Encore
Serial No:	014-76685
Class of Laser:	Class 4
Output wavelength	10600nm
Manufacturer:	Sharplan Erbium
Model:	4020S
Serial No:	14-001

Class of Laser:	Class 4
Output wavelength	2940nm
Manufacturer:	Lumenis
Model:	PiQo4
Serial No:	111801012T2412
Class of Laser:	Class 4
Output wavelength	532nm & 1064nm With additional handpiece for 585nm & 650nm

Dr Handley confirmed that an intense pulse light (IPL) machine is not currently in use in the establishment.

Laser Protection Advisor (LPA) - Mr Irfan Azam (Lasernet)

Laser Protection Supervisor (LPS) - Dr Jules Handley

Medical Support Services – Dr Jules Handley

Authorised Operators -

Sharplan 4020S – Dr Jules Handley, Ms Beulah Morrow and Ms Amanda Houston

Cynosure Apogee Elite – Dr Jules Handley, Ms Beulah Morrow, Ms Amanda Houston and Ms Jennifer Carson

Lumenis Ultra Pulse Encore – Dr Jules Handley, Ms Beulah Morrow and Ms Amanda Houston

Lumenis PiQo4 - Dr Jules Handley (currently)

Types of treatment provided – Hair removal, laser skin resurfacing, acne scars treatment, photo rejuvenation and vascular treatments

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 27 August 2021 from 10.30 am to 2.00 pm. We were accompanied by Dr Ian Gillan, RQIA's Medical Physics Advisor. Dr Gillan's findings are incorporated into this report.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. During the 2020-21 inspection year Bloomfield Laser and Cosmetic Surgery Centre only provided medically prescribed laser treatments, in keeping with the current restrictions applicable to close contact services, as directed by the Northern Ireland (NI) Executive in response to the COVID-19 pandemic.

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; 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

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Bloomfield Laser and Cosmetic Surgery Centre .

Posters were issued to Bloomfield Laser and Cosmetic Surgery Centre by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. One patient submitted a response and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were either very satisfied or satisfied with each of these areas of their care.

No 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 Bloomfield Laser and Cosmetic Surgery Centre was undertaken on 12 March 2021.

Areas for improvement from the last inspection on 12 March 2021		
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.9 Stated: Second time To be completed by: 13 March 2021	The registered person shall ensure that all laser registers record the precise exposure every time the laser is operated. Ref: 6.2 Action taken as confirmed during the inspection: Review of the laser registers confirmed that the precise exposure was recorded every time the laser was operated.	Met

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mr Handley told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr Handley confirmed that laser treatments are only carried out by authorised users. A register of authorised users for the lasers is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, and fire safety awareness. Mr Handley confirmed that safeguarding adults at risk of harm training in keeping with the RQIA training guidance had been arranged.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Mr Handley confirmed that authorised users take part in appraisal on an annual basis.

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

There have been no authorised users recruited since the previous inspection. Discussion with Mr Handley 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.

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

Mr Handley stated that laser treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mr Handley confirmed that he 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 Mr Handley, 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?

Mr Handley 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 laser treatment rooms were clean and clutter free. Discussion with Mr Handley evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators had 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 Mr Handley who outlined the measures that will be taken by Bloomfield Laser and Cosmetic Surgery Centre 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 two treatment rooms and access to storage rooms. 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?

The laser safety file in place required a review in relation to the local rules and risk assessments. Mr Handley advised that a visit by the Laser Protection Adviser (LPA) had been arranged for 3 September 2021.

During the inspection, it was discussed with Mr Handley that previous versions of documents be archived so that the file contains the current operational documents. In addition, the new Lumenis PiQo4 laser should be added to the local rules for treatment room two and in particular, information on the required eyewear for this laser should be included. The blocking eye shields detailed in the local rules differed from those observed to be available within the clinic. Both pairs of laser protective eyewear available in treatment room one had cracked lenses.

Mr Handley confirmed by electronic mail to RQIA on 15 September 2021 that the LPA had undertaken a site visit on 3 September 2021. Mr Handley confirmed that the laser safety file and local rules are in the process of being reviewed and updated for treatment rooms one and two. Two new blocking eyeshields with appropriate serial numbers have been purchased for treatment rooms one and two and their details will be added to the required documentation. In addition two new pairs of laser protective eyewear goggles have been ordered for treatment room one to replace the cracked pairs. These areas will be reviewed at the next inspection.

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 18 June 2022.

The establishment's LPA completed a risk assessment of the premises during September 2021. Mr Handley confirmed that all recommendations made by the LPA will be addressed.

Mr Handley told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. Systems are in place to review the medical treatment protocols when due. The treatment protocol for the new Lumenis PiQo4 laser was still in draft form at the time of inspection. Mr Handley confirmed that a new laser treatment protocol for PiQo4 laser treatment of tattoos has been formalised and a training session has been planned for authorised users on 8 October 2021.

Mr Handley, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments, and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the Local Rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons whilst a treatment is in progress. 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.

The laser is operated using a key/keycode. When the lasers are not in use the key should be removed and placed in safe storage, for lasers with password control the password should only be shared with Authorised Operators. Mr Handley confirmed by electronic mail to RQIA on 15 September 2021 that a lock-up for all laser keys when not in use has been installed.

The controlled area is clearly defined and not used for other purposes, or as an access to areas, when a treatment is being carried out. Authorised operators were aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

Bloomfield Laser and Cosmetic Surgery Centre had a laser register for each individual laser. The requirement to record details of the treatment parameters used for each patient was also discussed and the clinic should investigate whether the total number of laser shots is recorded on each laser control panel. Mr Handley confirmed by electronic mail to RQIA on 15 September 2021 that recording of total number of laser shots for an individual treatment session is not appropriate for the lasers currently in use in the clinic, but is mainly recommended for pulsed dye laser and IPL devices, neither of which are in use at the clinic. This was confirmed by the LPA from Lasermet.

Mr Handley told us that they complete the relevant section of the register every time the equipment is operated, the register includes:

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

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

It was determined that appropriate arrangements were in place to operate the laser equipment.

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

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The service had 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.

Six 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 involvement in the decision making process?

Discussion with Mr Handley 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 in an upstairs storage room.

Mr Handley told us that he encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Mr Handley 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 July 2021 found that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mr Handley is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made evidenced that some policies and procedures required to be updated. Review of all documentation folders evidence that previous version of documents should be archived so that the file only contains the current operational documents. Mr Handley confirmed by electronic mail to RQIA on 15 September 2021 that this review was being actioned. This area will be reviewed on the next inspection.

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

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

Mr Handley demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Mr Handley 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 patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Handley.

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 by the responsible individual.

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 Mr Handley, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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