

# Announced Care Inspection Report 3 March 2017



## Bloomfield Laser & Cosmetic Surgery Centre

**Type of Service: Cosmetic Independent Hospital (IH) - Laser Service**  
**Address: "The Lodge", 1 Donaghadee Road, Groomsport, BT19 6LG**  
**Tel No: 028 9127 5737**  
**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Bloomfield laser and Cosmetic Surgery Centre took place on 3 March 2017 from 10.30 to 13.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led. The inspection was facilitated by Dr Robert Neill, clinic manager.

### **Is care safe?**

Observations made, review of documentation and discussion with Dr Robert Neill and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. One requirement was made in relation to the provision of AccessNI enhanced disclosure checks for newly employed authorised operators. Three recommendations were made, one in relation to the handling of AccessNI enhanced disclosure checks, one in relation to the retention of recruitment records and one to address a torn treatment couch cover.

### **Is care effective?**

Observations made, review of documentation and discussion with Dr Neill and staff demonstrated that, in general, systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. A recommendation was made to ensure the client and authorised operator consultation process is recorded for each client.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Dr Neill and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The

Department of Health, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Robert Neill, clinic manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 August 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Bloomfield Laser & Cosmetic Surgery Centre Dr Jules Handley	<b>Registered manager:</b> Dr Jules Handley
<b>Person in charge of the home at the time of inspection:</b> Dr Robert Neill	<b>Date manager registered:</b> 15 September 2008
<b>Categories of care:</b> Independent Hospital (IH) 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	

### Laser Equipment Currently in Use

Manufacturer: Sharplan  
Model: 4020S  
Serial Number: 14-001  
Laser Class: Class 4

Manufacturer: Cynosure  
Model: Apogee Elite  
Serial Number: ELMD 2203  
Laser Class: Class 4

Manufacturer: Lumenis UltraPulse  
Model: Encore  
Serial Number: 014-76685  
Laser Class: Class 4

Dr Neill 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 McNamara and Ms Amanda Houston

Cynosure Apogee Elite – Dr Jules Handley, Ms Beulah McNamara, Ms Sharon McClatchey, Ms Amanda Houston and Ms Yvonne Gowdy

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

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

## **3.0 Methods/processes**

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Dr Robert Neill, who facilitated the inspection, and briefly with Dr Jules Handley, registered person and an authorised user. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 4 August 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 4 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	The registered manager must ensure that all authorised users undertake the required updates for mandatory training as outlined in the main body of the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that all authorised operators had undertaken training in basic life support, fire safety and infection prevention and control as outlined at the previous inspection report.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	The registered manager must ensure that laser safety awareness training is provided to staff not directly involved in the use of the lasers on an annual basis and a record retained. This training could be provided by the LPS.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff not directly involved in the use of the lasers had received laser safety awareness training, following the previous inspection and annual refresher training was due. On 29 March 2017 Dr Neill confirmed by email that all staff not directly involved in the use of lasers had completed laser safety awareness refresher training.	

### 4.3 Is care safe?

#### Staffing

Discussion with Dr Neill confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Dr Neill confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for each of 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 operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety. Dr Neill was aware that the core of knowledge training and application training for the equipment in use, for two authorised operators is due for renewal this year.

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

#### Recruitment and selection

Discussion with Dr Neill confirmed that two authorised operators have been recruited since the previous inspection. Review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of a criminal conviction declaration made by the applicant and two written references.

Discussion took place regarding the provision of recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Neill stated that two written references would be sought and a criminal conviction declaration obtained for both new authorised operators and that this procedure would be followed for all future appointments. A recommendation was made in this regard.

It was noted that an AccessNI basic disclosure certificate was retained for both authorised operators, Dr Neill was advised that an AccessNI enhanced disclosure should be sought and retained. A requirement had been made to address this. Dr Neill was also advised that disclosure certificates should be handled in keeping with the AccessNI Code of Practice and therefore should not be retained. A record should be retained of the date the check was applied for and received, the unique identification number and the outcome. A recommendation was made in this regard.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

## **Safeguarding**

Dr Neill 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 safeguarding lead had been nominated within the establishment.

Dr Neill confirmed that staff have not yet completed training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. Dr Neill confirmed that training in this area was in the process of being arranged.

Review of documentation evidenced that the appointed laser protection advisor (LPA) have provided the establishment with separate child and adult protection policies. A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The following regional safeguarding documentation was forwarded to Dr Neill by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Dr Neill confirmed the laser service is not provided to persons under the age of 18 years.

## **Laser safety**

A laser safety file was in place which contained all of 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 14 November 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Julian Handley on 13 August 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The establishment's LPA completed a risk assessment of the premises on 15 November 2016 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

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 doors to the treatment rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

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

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a separate laser register in place for each laser which is completed every time the equipment is operated and includes:

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports were available for inspection and were reviewed as part of the inspection process. Servicing of all laser equipment had been undertaken in January and February 2017.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

### **Infection prevention and control and decontamination procedures**

The treatment room was clean and clutter free. Discussion with Dr Neill and staff 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 have up to date training in infection prevention and control.

### **Environment**

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place. It was observed that the upholstery of a treatment couch in one of the treatment rooms was torn; this couch should be reupholstered or replaced.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.



**Client and staff views**

Five clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- ‘Professional, competent, friendly staff’

Four staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm. No comments were included in submitted questionnaire responses.

**Areas for improvement**

An AccessNI enhanced disclosure should be sought and retained for the two new authorised operators and for any authorised operators employed in the future.

Access NI enhanced disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

All the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and available for inspection.

The identified treatment couch should be reupholstered or replaced.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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**4.4 Is care effective?**

**Care pathway**

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 establishment 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, clients are asked to complete a health questionnaire. There are systems in place to contact the client’s general practitioner, with their consent, for further information if necessary.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- 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)

One client's record was discussed with Dr Neill, as the initial consultation form and health questionnaire had not been completed, other records indicated the client had received a patch test treatment. A recommendation has been made in this regard.

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioners Office (ICO)

## **Communication**

As discussed, 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 establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to and confirmed that staff meetings are held on a regular basis.

Review of complaints documentation confirmed that learning from complaints is disseminated to staff.

## **Client and staff views**

All of the clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All of the staff who submitted questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

## **Areas for improvement**

A record of the client's consultation appointment with the authorised operator who will be carrying out the laser procedure to assess the client, should be recorded in the client's treatment record.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

### Dignity respect and involvement with decision making

Discussion with Dr Neill and an authorised operator regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is 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 locked filing cabinets and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

### Client and staff views

All of the clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All of the staff who submitted questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators and staff confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Dr Neill demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed and available in the establishment. Dr Neill demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Discussion with Dr Neill confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Dr Neill confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Dr Neill confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. An infection control audit had been completed in October 2016, the fire risk assessment had been reviewed in January 2017 and monitoring arrangements were in place with regards to the legionella risk assessment.

A whistleblowing/raising concerns policy was available. Discussion with an authorised operator confirmed that they were aware of who to contact if they had a concern.

Dr Handley, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Dr Neill 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 up to date and displayed appropriately.

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

### **Client and staff views**

All of the clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All of the staff who submitted questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Robert Neill, clinic manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the IH-Cosmetic Laser\Intense Pulsed Light. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulations (Northern Ireland) 2011

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 19 (2)(d) Schedule 2, as amended

**Stated:** First time

**To be completed by:**  
3 May 2017

An AccessNI enhanced disclosure should be sought and retained for the two new authorised operators and for any authorised operators employed in the future.

**Response by registered provider detailing the actions taken:**

The two new staff, Amanda and Yvonne have been supplied with the information as to how to apply for Access NI enclosed certificate. They have been given list of registered organisations that can provide them with a PIN number so they can proceed with the application online 4.4.2017.

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.3

**Stated:** First time

**To be completed by:**  
3 May 2017

Access NI enhanced disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

**Response by registered provider detailing the actions taken:**

I downloaded the Access NI Code of practice and will follow their instructions. once i get the certificates, i will record they have been recieved, and viewed and are satisfactory, and they will be returned to the member of staff. 4.4.2017.

#### Recommendation 2

**Ref:** Standard 14.2

**Stated:** First time

**To be completed by:**  
3 May 2017

All the relevant information as outlined in Schedule 2, as amended of The Independent Health Care Regulations (Northern Ireland) 2005 should be provided and available for inspection.

**Response by registered provider detailing the actions taken:**

I have have refered to the "RQIA Minimum care standards July 2014 , and will comply with their needs. 4.4.2017 Information will be kept updated in the individual staff members file

#### Recommendation 3

**Ref:** Standard 20

**Stated:** First time

**To be completed by:**  
3 May 2017

The identified treatment couch should be reupholstered or replaced.

**Response by registered provider detailing the actions taken:**

Couch repaired 1.5.2017.

#### Recommendation 4

**Ref:** Standard 48.1

**Stated:** First time

**To be completed by:**  
3 May 2017

A record of the client's consultation appointment with the authorised operator, who will be carrying out the laser procedure to assess the client, should be recorded in the client's treatment record.

**Response by registered provider detailing the actions taken:**

All Laser operators have been reminded of this Standard in writing 4.4.2017.



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