

Inspection Report

9 September 2022



Bloomfield Laser & Cosmetic Surgery Centre

Type of service: Independent Hospital – Cosmetic Laser and Intense Pulse Light (IPL)
Address: The Lodge, 1 Donaghadee Road, Groomsport, BT19 6LG
Telephone number: 028 9127 5737

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

Registered Provider: Dr Jules Handley	Registered Manager: Dr Jules Handley Date registered: 15 September 2008
Person in charge at the time of inspection: Dr Jules Handley	
Categories of care: 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	
Brief description of how the service operates: Bloomfield Laser and Cosmetic Surgery Centre provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser equipment machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Dr Handley confirmed that an intense pulse light (IPL) machine is not currently in use in the establishment.	
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

Laser protection advisor (LPA):

Anna Bass (Lasernet)

Laser protection supervisor (LPS):

Dr Jules Handley

Medical support services:

Dr Jules Handley

Authorised operators:

Sharplan 4020S – Dr Jules Handley

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

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

Lumenis PiQo4 - Dr Jules Handley, Ms Beulah Morrow, Ms Amanda Houston

Types of laser treatments 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 9 September 2022 from 10:20 am to 12.40 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 and IPL safety; 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.

Two 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. Both responses indicated that they were very satisfied with each of these areas of their care.

Two staff submitted questionnaire responses. The responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. Both responses indicated that they were either satisfied or very satisfied with each of these areas of client care. Both staff responses included positive comments regarding the service provided to clients.

5.0 The inspection

5.1 What has the registered provider 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 27 August 2021; 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?

Dr Handley told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients. He confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser equipment 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 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.

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 Dr Handley and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

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

Robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place.

There have been no authorised operators recruited since the previous inspection. During discussion Dr 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 it is equipped to manage a safeguarding issue should it arise?

Dr 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 Dr 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 Dr Handley, as 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?

All authorised operators had up to date training in basic life support and were 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 Dr Handley confirmed 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.

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 Dr Handley who outlined the measures that are taken to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to 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 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 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 2023.

Up to date, local rules were in place which has been developed by the LPA for each laser machine. 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 September 2022 and all recommendations made by the LPA have been addressed.

Dr Handley told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by named registered medical practitioner. The medical treatment protocols are due to expire during August 2024. Systems are in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Dr Handley as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments. A list of authorised operators is maintained and all 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 while treatment is in progress. The door to each 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 lasers are operated using a key/keypad code. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when 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. Authorised operators 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
- 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 report of the lasers was 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 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 (GP), with their consent, for further information if necessary.

A sample of 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 are involved in the decision making process?

Discussion with Dr 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 securely in a lockable storage case.

Dr 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. He confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report 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. Dr 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 confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

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

Dr 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. He demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. It was 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 Dr Handley.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 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 Dr Handley, Registered Person, as part of the inspection process and can be found in the main body of the report.



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