

# Announced Care Inspection Report 27 June 2019



## Bloomfield Laser & Cosmetic Surgery Centre

**Type of Service: Cosmetic Independent Hospital (IH) –  
Laser/IPL Service**

**Address: The Lodge, 1 Donaghadee Road, Groomsport, BT19 6LG**

**Tel No: 028 9127 5737**

**Inspector: Liz Colgan**

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

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a cosmetic laser service providing treatments using Class 4 laser machines.

**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 Service details

<b>Organisation/Registered Provider:</b> Bloomfield Laser and Cosmetic Surgery Centre  <b>Responsible Individual:</b> Dr Jules Handley	<b>Registered Manager:</b> Dr Jules Handley
<b>Person in charge 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	

## 4.0 Inspection summary

An announced inspection took place on 27 June 2019 from 09.55 to 11.55.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

An area requiring improvement was identified in relation to ensuring the laser registers are fully completed.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 2 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 October 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Dr Robert Neill, clinic manager, who facilitated the inspection, an authorised operator and a nurse.

The following records were examined during the inspection:

- 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 02 October 2018

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

## 6.2 Review of areas for improvement from the last care inspection dated 02 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	The registered person shall ensure that a record of induction is completed for all new authorised operators.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with Dr Neill confirmed that a record of induction would be completed for all new authorised operators.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for both new authorised operators and for any new authorised operators recruited in the future.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with Dr Neill confirmed that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been provided for the identified new authorised operators and would be provided for any new authorised operators recruited in the future.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to anyone commencing work as an authorised operator in the future.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with Dr Neill confirmed that AccessNI enhanced disclosure check would be completed and the outcome recorded prior to anyone commencing work as an authorised operator.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	The registered person shall ensure that arrangements are established to ensure that training is completed by authorised operators as outlined in the RQIA mandatory training guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that arrangements had been established to ensure that training is completed by authorised operators as outlined in the RQIA mandatory training guidance.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 48.6 <b>Stated:</b> First time	The registered person shall ensure that a copy of the current service level agreement between the establishment and the appointed laser protection advisor (LPA) is provided to RQIA upon return of the quality improvement plan (QIP).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that a copy of the current service level agreement between the establishment and the appointed laser protection advisor (LPA) was available for inspection.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 48.11 <b>Stated:</b> First time	The registered person shall ensure the LPA undertakes a review of the risk assessment at least every three years, and that if any recommendations are made within the risk assessment, that these are addressed.  A copy of the most recent risk assessment undertaken by the LPA should be provided to RQIA upon return of this QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that the risk assessment undertaken by the LPA had been undertaken and was available at the inspection.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### 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 the laser 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 and fire safety and protection of 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 Neill and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

#### Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Dr Neill confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

#### Safeguarding

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

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.



It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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

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 staff reference.

### **Laser/IPL 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 10 October 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Jules 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 17 September 2018 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.

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 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 a key. 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 laser register 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

Review of the registers confirmed that the only one of the three registers contained the precise exposure. An area of improvement was identified against the standards.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report was reviewed as part of the inspection process.

### **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**

There are two treatment rooms, both of which were clean and clutter free. Discussion with Dr Neill 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.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, management of emergencies, infection prevention and control, risk management and the environment.

## Areas for improvement

An area of improvement was identified against the standards to ensure that the precise exposure is fully recorded in all laser registers.

	Regulations	Standards
Areas for improvement	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## 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)

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.

Discussion with Dr Neill, staff and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

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. Dr Neill confirmed that staff meetings are held on a regular basis. Review of complaints and incident documentation confirmed that learning from complaints/incidents is disseminated to staff.

### Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Dignity respect and involvement with decision making

Discussion with Dr Neill 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 a locked room 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.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to 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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

**Management and governance**

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Dr Neill 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.

Dr Neill is the 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 at least 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. Discussion with Dr Neill demonstrated 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.

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.

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

Information requested by RQIA has been submitted within specified timeframes. 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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.8 Equality data

### 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 Neill.

## 6.9 Client and staff views

Seven clients submitted questionnaire responses to RQIA. Six clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All six clients indicated that they were very satisfied with each of these areas of their care. One client was undecided if their care was safe and effective, that they were treated with compassion and that the service was well led.

Comments included in in submitted questionnaire responses are as follows:

- “I have found the clinic from the receptionist through to the clinic staff thoroughly professional and friendly. No question is too much they treat everyone with respect.”
- “Maybe a coffee and tea machine would be nice while waiting to be seen.”
- “This is a first class establishment and well led. Dr Xxx is a 1<sup>st</sup> class doctor and I am entirely satisfied with the treatment I get.”
- “Some of my experience was negative due to a complication. However staff treated me well and gave me the opportunity to discuss my concerns.”
- “These answers refer to first consultation ,no treatment has yet been received, but I have every confidence in the clinic, where staff were courteous caring and compassionate.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 7.0 Quality improvement plan

Areas for improvement 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 provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 48.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 June 2019</p>	<p>The registered person shall ensure that all laser registers record the precise exposure every time the laser is operated.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>It has been noted and laser operators will ensure that all registers record the precise exposure every time the laser is operated.</p>

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





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