

Inspection Report

22 February 2022



Laserase Clinic

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light and
Private Doctor)

Address: 525 Antrim Road, Belfast, BT15 3BS

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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: Laserase Medical Skincare Clinic	Registered Manager: Mrs Therese McKeown
Responsible Individual: Mrs Therese McKeown	Date registered: 11 April 2007
Person in charge at the time of inspection: Dr Rory McKeown	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) Private Doctor (PD)	
Brief description of how the service operates: Laserase Medical Skincare Clinic 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. Private doctor services are not currently provided in the establishment.	
Equipment available in the service: Laser equipment: Dye Laser: Manufacturer: Euphotonics Model: NLite – V Multifunction Laser Serial Number: NL3429 Laser Class: Class 4 Wavelength: 580nm – 590nm Manufacturer: Candela Model: Picoway Serial Number: 1064/532/785 Laser Class: Class 4 Wavelength: 650nm	

IPL equipment:

Manufacturer:	Lumenis
Model:	Quantum SA3501000
Serial Number:	045-01625
Laser Class:	single head IPL
Manufacturer:	Lumenis
Model:	M22tm-
Serial Number:	21046
Laser Class:	Class 4
Wavelength:	IPL 400 – 1200 – Nd YAG 1064nm

Laser protection advisor (LPA):

Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS):

Dr Rory McKeown

Medical support services:

Dr Paul Myers (Lasernet)

Authorised operators:

Dr Rory McKeown, Ms Amanda Houston

Types of laser treatment provided:

Vascular treatments, hair removal, tattoo removal, acne treatment, wrinkle reduction

Type of IPL treatment provided:

Hair removal, skin rejuvenation, treatment of red veins, treatment of acne, treatment of pigmented skin, treatment of red flushing skin

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 22 February 2022 from 10:00 am to 12:00pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Laserase Medical Skincare Clinic was not inspected by RQIA during the 2020-21 inspection year.

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; the clinic's adherence to best practice guidance in relation to COVID-19; 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 clientt satisfaction surveys completed by Laserase Medical Skincare Clinic .

Posters were issued to by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or 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?

Areas for improvement from the last inspection on 3 March 2020		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including an enhanced AccessNI check, is obtained and retained in respect of Dr Rory McKeown, authorised operator.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that an enhanced AccessNI check, had been obtained and retained in respect of the authorised operator. Processes were in place to obtain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 1 Stated: First time	The registered person shall review all documentation, including the statement of purpose and client guide, to ensure that all reference to Mr Donal McKeown, does not reflect his former title as a doctor.	Met
	Action taken as confirmed during the inspection: This area for improved is not applicable as doctors always retain their title	

Area for Improvement 2 Ref: Standard 48.12 Stated: First time	The registered person shall ensure that evidence of application training in the use of all laser and IPL equipment in respect of the identified authorised operator is retained.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that evidence of application training in the use of all laser and IPL equipment in respect of the identified authorised operator was retained.	
Area for Improvement 3 Ref: Standard 14.5 Stated: First time	The registered person shall ensure that a contract of employment is provided in respect of Dr Rory McKeown, authorised operator.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a contract of employment had been provided in respect of Dr Rory McKeown, authorised operator.	
Area for Improvement 4 Ref: Standard 48.11 Stated: First time	The registered person shall ensure that all recommendations made by the laser protection advisor (LPA) are addressed. Recommendations should be signed off and dated on completion.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that recommendations made by the laser protection advisor (LPA) had been addressed signed off and dated on completion.	
Area for Improvement 5 Ref: Standard 5.1 Stated: First time	The registered person shall ensure that client satisfaction questionnaires are collated to provide a summary report on an annual basis which is made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that client satisfaction questionnaires had been collated to provide an annual summary report.	

5.2 Inspection outcome

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

Dr McKeown told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients. He confirmed that laser and IPL treatments are only carried out by authorised users. A register of authorised users for each laser and IPL machine was 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, 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 and IPL 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 McKeown and review of documentation 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?

Robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised users recruited since the previous inspection. During discussion Dr McKeown 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 McKeown stated that laser or IPL 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 McKeown 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 McKeown, 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/IPL treatment rooms were clean and clutter free. Discussion with Dr McKeown 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.

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 McKeown who outlined the measures taken to ensure current best practice measures are in place. Appropriate arrangements were 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 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 laser/IPL treatment rooms and also has 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?

A laser safety file was in place which contained the relevant information in relation to the laser and IPL 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 19 February 2023.

Up to date, local rules were in place which has been developed by the LPA. Two sets of local rules were provided; one for the laser machine and one for the IPL machine. It was noted that the local rules contained the relevant information about the laser and IPL equipment being used.

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

As discussed, Dr McKeown told us that laser and IPL procedures are carried out following medical treatment protocols. Dr McKeown told us that laser and IPL 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 19 February 2023; it was demonstrated that systems were in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Dr McKeown, as the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL 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/IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser and IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency.

The laser and IPL machines are operated using a key. Arrangements are in place for the safe custody of the keys when not in use. Protective eyewear was 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. Authorised operators were aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

The service has a laser and IPL registers, these registers differentiate between laser and IPL treatments. Dr McKeown informed us that the authorised operators 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 and IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL and laser were reviewed.

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

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

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 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 and respect and are involved in the decision making process?

Discussion with Dr McKeown 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 McKeown 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. Dr McKeown 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 McKeown 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 and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment and Dr McKeown demonstrated a good awareness of complaints management.

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

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

Discussion with Dr McKeown 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 McKeown, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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