

Inspection Report

20 June 2023



Laserase Clinic

Type of service: Independent Hospital (IH) – 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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/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: Medical Director	
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 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. The medical director confirmed that private doctor services are not currently provided in the establishment. A variation to registration application was submitted following inspection to change the name of the provider from Laserase Medical Skincare Clinic to Laserase Medical Aesthetics. This is awaiting approval.	
Equipment available in the service:	
Laser equipment:	
Dye Laser:	
Manufacturer:	Euphotonics
Model:	NLite – V Mutlifunction 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:	1064/532/785nm

IPL equipment:

Manufacturer: Lumenis
 Model: Quantum SA3501000
 Serial Number: 045-01625
 Laser Class: single head IPL

Multi platform equipment:

Manufacturer: Lumenis
 Model: M22tm- Combined IPL & Yag Q Switch
 Serial Number: 21046
 Laser Class: Class 4
 Wavelength: IPL 400 – 1200 Nd / YAG 1064nm / ResurFX 1565nm
 Handpieces: 3

Types of laser treatments provided:

Vascular treatments
 Hair removal
 Tattoo removal
 Acne treatment
 Acne scarring
 Wrinkle reduction

Types of IPL treatments 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 two care inspectors on 20 June 2023 from 10.00 am to 1.30 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; adherence to best practice guidance in relation to COVID-19; 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 client satisfaction surveys completed by Laserase Clinic.

Posters were issued to Laserase Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Eleven 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. All clients indicated that they were very satisfied with each of these areas of their care. Six client responses included comments. They commented that clinic staff were friendly, knowledgeable and demonstrated honesty and discretion in dealing with clients.

Two staff submitted questionnaire responses. Staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of client care. Two staff responses included comments. The clinic was described as well run, with professional staff who put clients' needs first.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Laserase clinic was undertaken on 22 February 2022; 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?

The medical director told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

The medical director confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL 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 RQIA [training guidance](#). Safeguarding adults at risk of harm training was out of date for one authorised operator. Advice and guidance was provided on the frequency of required mandatory training and following the inspection RQIA received confirmation that the safeguarding training had been renewed for the identified authorised operator.

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 the medical director and review of documentation confirmed that authorised users take part in appraisal on an annual basis.

It was determined that appropriate staffing levels were in place to meet the needs of clients and as a result of the action taken following inspection that staff are suitably trained.

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

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

There have been no authorised operators recruited since the previous inspection. The medical director confirmed that should any 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.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with the medical director confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

An AccessNI disclosure certificate had been retained on file. The medical director was advised that AccessNI disclosure certificates should only be retained for a period of time as recommended in the AccessNI code of practice.

The medical director was provided guidance on what information should be retained on file and was provided with a copy of the code of practice for future reference.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

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

Medical Director stated that laser and IPL treatments are not provided to persons under the age of 18 years.

A policy and procedure were in place for the safeguarding and protection of adults 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. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with the medical director 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 the safeguarding lead, had completed formal level two 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 a copy the regional guidance document entitled Adult Safeguarding: Prevention and Protection in Partnership (July 2015) was available for reference.

It was determined that 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 written protocol in place for dealing with recognised medical emergencies.

It was determined that 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 (IPC) 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.

Two of the laser and IPL treatment rooms were observed during the inspection and were found to be clean and clutter free. Discussion with the medical director evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators had up to date training in IPC.

It was determined that 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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with the medical director who outlined the measures that are taken by Laserase Clinic to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

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 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 26 January 2028.

Up to date, local rules were in place which have been developed by the LPA. Two sets of local rules were in place; one for the laser equipment and one for the IPL equipment. 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 June 2023 and all recommendations made by the LPA have been addressed.

The medical director confirmed that laser and IPL procedures are carried out following medical treatment protocols.

The medical treatment protocols have been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided. Systems were in place to review the medical treatment protocols.

Advice was given to the medical director to discuss with the MPE whether the medical treatment protocols would require further development to account for the treatments provided using the new ResurFX non-ablative laser. Following inspection RQIA received confirmation that the medical treatment protocols had been updated and review of these confirmed that they referenced resurfacing treatments being provided on the ResurFX.

The medical director, as the 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 and 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency. The medical director was aware that the laser safety warning signs should only be displayed when the laser and IPL equipment is in use and removed when not in use.

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

Laserase Clinic has separate registers for laser and IPL treatments.

The medical director told us that they complete the relevant section of the register every time the equipment is operated. The registers reviewed included:

- 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 reports of the IPL and laser were reviewed.

As a result of the action taken following inspection 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?

The medical director confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, 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 each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

An electronic client care record was reviewed. There was an accurate and up to date treatment record 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. Advice and direction was provided to amend the timeframes included in the records management policy for the retention of client records in accordance with legislation. Following the inspection RQIA received confirmation that this matter had been addressed.

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

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 the medical director 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.

The medical director told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. The medical director confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated January 2023 found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.11 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of [The Independent Health Care Regulations \(Northern Ireland\) 2005](#).

Mrs McKeown is in day to day management of the establishment, therefore the unannounced quality monitoring visits by the registered provider are not applicable at this time. The medical director was advised that Mrs McKeown will be required to implement unannounced six monthly quality monitoring visits should she no longer be responsible for the day to day management of the establishment. The medical director gave us assurances that suitable arrangements would be developed to address this matter should it arise in the future.

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.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Advice and guidance was provided to further develop the complaints policy to include RQIA's current address. Following the inspection RQIA received confirmation that this matter had been addressed. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Arrangements are in place to audit complaints to identify trends, drive quality improvement and to enhance service provision.

Discussion with the medical director confirmed that an incident policy and procedure was in place.

The medical director confirmed that incidents are effectively documented and investigated in line with legislation. Advice and guidance was provided to the medical director regarding incident reporting to RQIA and other relevant organisations. Assurances were given by the medical director that incidents will be reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Medical Director confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request. Advice and guidance was provided to further develop the client's guide to include RQIA's current address. Following the inspection RQIA received confirmation that this matter had been addressed.

The RQIA certificate of registration was displayed in a prominent place.

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

It was determined that suitable arrangements are in place to enable the registered person to assure themselves of the quality of the services provided.

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 the medical director.

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 the medical director as part of the inspection process and can be found in the main body of the report.



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