

Announced Care Inspection Report

3 March 2020



Laserase Clinic

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/Intense Pulse Light (IPL) and Private Doctor**
Address: 525 Antrim Road, Belfast, BT15 3BS
Tel No: 028 9077 7772
Inspector: Emily Campbell

www.rqia.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

Laserase Clinic is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L); intense light sources PT (IL) and Private Doctor (PD).

The establishment provides a wide range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered. Private doctor services are not currently provided in the establishment.

Laser Equipment

Dye Laser:

Manufacturer: Euphotonics
 Model: NLite – V Multifunction Laser
 Serial Number: NL3429
 Laser Class: Class 4
 Wavelength: 580nm – 590nm

Nd YAG Lasers

Manufacturer: Cynosure
 Model: Affirm
 Serial Number: AFRM0037
 Laser Class: Class 4
 Wavelength: 1140nm

Manufacturer: Cynosure
 Model: Affinity QS
 Serial Number: QPA0470-0508
 Laser Class: Class 4
 Wavelength: 1062nm & 532nm

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):

Mr Donal McKeown

Medical support services:

Dr Paul Myers (Lasernet)

Authorised operators:

Mr Donal McKeown, Ms Amanda Houston, Ms Shannon Steed and Dr Rory McKeown

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

3.0 Service details

Organisation/Registered Provider: Laserase Medical Skincare Clinic Responsible Individual: Mrs Therese McKeown	Registered Manager: Mrs Therese McKeown
Person in charge at the time of inspection: Mrs Therese McKeown	Date manager registered: 11 April 2007
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers; PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources; and PD Private doctor	

4.0 Inspection summary

An announced inspection took place on 3 March 2020 from 13:50 to 17:10.

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 safeguarding, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Areas requiring improvement were identified. One area for improvement against the regulations was made in relation to recruitment. Five areas for improvement against the standards were made. These were in relation to reviewing documentation, to ensure that all reference to Mr Donal McKeown no longer reflects his title as a doctor, equipment application for one authorised operator, the provision of contract of employment for one authorised operator, ensuring that recommendations made by the laser protection advisor (LPA) are addressed and client satisfaction surveys.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Therese McKeown, registered person, 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 12 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 February 2019.

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 invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaire responses were submitted.

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

During the inspection the inspector met with Mrs Therese McKeown, registered person. A tour of some areas of the establishment was also undertaken.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser and IPL 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 Mrs McKeown at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 February 2019

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 12 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area of improvement 1 Ref: Regulation 18 (2) (a) Stated: First time	The registered person shall ensure that all authorised operators' complete training in keeping with RQIA's training guidance for independent Hospitals (IH).	Partially met
	Action taken as confirmed during the inspection: Documentation reviewed and information submitted following the inspection evidenced, in general, that authorised operators had completed training in keeping with RQIA's training guidance. However, evidence of application training in the use of three of the five laser/IPL machines in respect of one authorised operator was not available. This area for improvement has been partially addressed and an area for improvement against the standards was made to ensure that evidence of application training in the use of all laser/IPL equipment in respect of the identified authorised operator is retained.	

Area of improvement 2 Ref: Regulation 18 (2) (a) Stated: First time	The registered person shall ensure that policies and procedures are reviewed and updated at least three yearly or sooner, as necessary.	Met
	Action taken as confirmed during the inspection: It was evidenced that policies had been updated in February 2020 and a three year reviewed date had been identified.	

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 Mrs McKeown, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. Mr Donal McKeown, who was previously a private doctor in the establishment, relinquished his General Medical Council (GMC) registration on 1 April 2019. An area for improvement against the standards was made to 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.

Mrs McKeown confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL equipment is maintained and kept up to date.

Mrs McKeown confirmed that induction training is provided to new staff on commencement of employment.

Training records and information submitted following the inspection evidenced that authorised operators have up to date training in core of knowledge, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. As discussed previously, application training in the use of three of the five laser/IPL machines in respect of one authorised operator was not available and an area for improvement against the standards was made in this regard.

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 Mrs McKeown and review of three personnel files confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

Mrs McKeown advised that there have been no authorised operators recruited since the previous inspection. However, on review of inspection notes from the previous inspection, it was evident that Dr Rory McKeown, who although working in the establishment for a long period of time, is new to the role of authorised operator. Recruitment checks as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended had not been carried out. Following the inspection Ms McKeown submitted evidence of an enhanced AccessNI check in respect of Dr Rory McKeown, however, this check was not undertaken in respect of Laserase Clinic; as AccessNI checks are not portable, it is not applicable. An area for improvement against the regulations was made to ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended including an enhanced AccessNI check, should be obtained and retained in respect of Dr Rory McKeown.

Mrs McKeown confirmed that Dr Rory McKeown was not working as a private doctor granted practising privileges but was directly employed by the establishment. There was no evidence of a contract of employment having been granted in respect of Dr Rory McKeown. Therefore an area for improvement against the standards was made in this regard.

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

Safeguarding

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

Mrs McKeown 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 all authorised operators in the establishment had received training in safeguarding 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 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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Laser and IPL safety

A laser safety file was in place which contained all of the relevant information in relation to laser and IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 14 June 2020.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in June 2017. 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 IPL and laser equipment being used.

The establishment's LPA carried out a site visit on 6 December 2019. One recommendation made by the LPA was to provide shade 5 goggles for the Lumenis M22 machine. There were no authorised operators available during the inspection and it was unclear on viewing the protective eyewear, if this recommendation had been addressed. An area for improvement against the standards was made to ensure that all recommendations made by the LPA are addressed. Recommendations should be signed off and dated on completion.

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 have signed to state that they have 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. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with Mrs McKeown confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

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

The lasers and IPL equipment are operated by using a key or keypad code. Arrangements are in place for the safe custody of the laser and IPL keys and keypad codes when not in use.

No authorised operators were available during the inspection and we were unable to establish if the protective eyewear available for the client and operator was as outlined in the local rules. This will be reviewed during the next inspection. As discussed previously, an area for improvement was made in relation to the recommendation made by the LPA regarding eyewear in respect of the Lumenis M22.

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 and IPL equipment is in use and removed when not in use.

The establishment has laser and IPL registers for each piece of equipment which are completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given

- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service reports dated 2019 and 2020 were reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Mrs McKeown outlined the actions to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment rooms were clean and clutter free. Mrs McKeown 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.

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 carbon dioxide (CO₂) fire extinguishers are available which has been serviced within the last year.

Arrangements were in place for maintaining the environment. This included portable appliance testing (PAT), alarm servicing and fire safety equipment servicing.

A fire risk assessment had been undertaken by an external contractor on 8 January 2020. Mrs McKeown confirmed that recommendations made had been or were in the process of being addressed. Mrs McKeown was advised that recommendations should be signed off and dated when addressed. Authorised operators have completed fire safety awareness training and review of documentation evidenced that a fire safety drill had been undertaken on 11 February 2020.

Areas of good practice

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

Areas for improvement

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.

Evidence of application training in the use of all laser and IPL equipment in respect of the identified authorised operator should be retained.

Ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended including an enhanced AccessNI check, is obtained and retained in respect of Dr Rory McKeown.

A contract of employment should be provided in respect of Dr Rory McKeown.

Ensure that all recommendations made by the LPA are addressed. Recommendations should be signed off and dated on completion.

	Regulations	Standards
Areas for improvement	1	4

6.5 Is care effective?

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

Care pathway

Mrs McKeown confirmed that 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 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, with their consent, for further information if necessary.

Three 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 Mrs McKeown 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 May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

The client register was reviewed and included details as outlined in Schedule 3 part II of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs McKeown confirmed that the client register is kept up to date.

Audits

Discussion with Mrs McKeown confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs McKeown confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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.

Mrs McKeown confirmed that staff meetings are held on a two to three monthly basis. Minutes of staff meetings were not reviewed during the inspection.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records 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 Mrs McKeown 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.

Client satisfaction surveys are carried out by the establishment and Mrs McKeown confirmed that these are reviewed and used to inform and improve services provided, if appropriate. However, questionnaires are not collated to provide a summary report on an annual basis which is made available to clients and other interested parties; an area for improvement against the standards was made in this regard.

Review of the completed questionnaires within the establishment 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

Client satisfaction questionnaires should be collated to provide a summary report on an annual basis which is made available to clients and other interested parties.

	Regulations	Standards
Areas for improvement	0	1

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. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs 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 for staff reference. Observations made confirmed that policies and procedures were indexed, dated and had a three year review date identified.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made

aware of how to make a complaint by way of the clients guide. Mrs McKeown demonstrated good awareness of complaints management.

Mrs McKeown confirmed that no complaints have been received since the previous inspection. However, she confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Records of complaints would include detail of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Mrs 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. 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.

A whistleblowing/raising concerns policy was available.

Mrs McKeown demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. As discussed previously, the statement of purpose and client guide should be reviewed to ensure that all reference to Mr Donal McKeown, does not reflect his former title as a doctor.

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

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 Mrs McKeown.

6.9 Client and staff views

Thirteen clients submitted questionnaire responses to RQIA. All 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 clients made comments in submitted questionnaires praising the service and staff.

Two staff submitted questionnaire responses to RQIA. Both indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. Both staff indicated that they were very satisfied with each of these areas of client care. No comments were provided in submitted questionnaire responses.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Therese McKeown, registered person, 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.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 3 June 2020	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. Ref: 6.4
	Response by registered person detailing the actions taken: <i>Has been actioned.</i>

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)

Area for improvement 1 Ref: Standard 1 Stated: First time To be completed by: 3 June 2020	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. Ref: 6.4
	Response by registered person detailing the actions taken: <i>I have spoken to the GP and Dr. Donal McKeown's title remains as such. If you wish to speak with me re. same d</i>
Area for improvement 2 Ref: Standard 48.12 Stated: First time To be completed by: 3 June 2020	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. Ref: 6.4
	Response by registered person detailing the actions taken: <i>actioned</i>
Area for improvement 3 Ref: Standard 14.5 Stated: First time To be completed by: 3 June 2020	The registered person shall ensure that a contract of employment is provided in respect of Dr Rory McKeown, authorised operator. Ref: 6.4
	Response by registered person detailing the actions taken: <i>actioned</i>

Area for improvement 4 Ref: Standard 48.11 Stated: First time To be completed by: 3 April 2020	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p><i>Actioned</i></p>
Area for improvement 5 Ref: Standard 5.1 Stated: First time To be completed by: 3 June 2020	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <p><i>actioned</i></p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)