

# Announced Care Inspection Report 15 February 2018



## Laserase Clinic

**Type of Service: Independent Hospital (IH) – Cosmetic Laser and  
Intense Pulse Light (IPL) and Private Doctor Service**

**Address: 525 Antrim Road, Belfast, BT15 3BS**

**Tel No: 028 9077 7772**

**Inspector: Stephen O'Connor**

[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

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); Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL) and Private Doctor (PD).

The establishment provides a wide range of cosmetic/aesthetic treatments using laser and IPL machines.

### Dye Laser:

- Manufacturer: Euphotonics
- Model: NLite – V Mutlifunction 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: 1440nm

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

Mrs Therese McKeown, registered person, confirmed that the ESC - Sharplan Vasculight Nd YAG laser is no longer in use.

**IPL Equipment**

Manufacturer: Lumenis  
 Model: Quantum SA35011000  
 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 Donal McKeown

**Medical support services:**  
 Dr Paul Myers (Lasernet)

**Authorised operators:**  
 Dr Donal McKeown, Ms Amanda Houston and Ms Shannon Boyle

**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

**Private Doctor treatments provided** – Botox and cosmetic fillers

### 3.0 Service details

<b>Organisation/Registered Person:</b> Laserase Medical Skincare Clinic Mrs Therese McKeown	<b>Registered Manager:</b> Mrs Therese McKeown
<b>Person in charge at the time of inspection:</b> Mrs Therese McKeown	<b>Date manager registered:</b> 11 April 2007
<b>Categories of care:</b> 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 15 February 2018 from 09:50 to 12:40.

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, Social Services and Public Safety (DHSSPS) 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; and providing the relevant information to allow clients to make informed choices.

One area for improvement against the standards has been identified. This relates to the further development of the adult safeguarding policy.

All of the clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. Client comments provided in submitted questionnaires included the following:

- “Fantastic clinic.”
- “This clinic is very well run and maintained. I have been attending a long time and wouldn’t go anywhere else.”
- “Lovely clinic and staff. Treatments that really work wonders. Very happy.”
- “Excellent care.”
- “Very good clinic. Excellent staff, always polite and friendly.”
- “Excellent clinic.”

- “Very good.”
- “Excellent care always.”

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 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 2016.

#### 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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were also analysed prior to the inspection. No completed staff questionnaires were submitted to RQIA prior to the inspection.

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

During the inspection the inspector met with Mrs Therese McKeown, registered person and a receptionist.

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 28 November 2016

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 28 November 2016

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	The authorised user register must be kept up to date. All authorised users must sign to confirm they have read and understood the local rules.	<b>Met</b>
<b>Ref:</b> Regulation 15 (1) (b) <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Review of the authorised operator register evidenced that it had been signed by all authorised operators to confirm they had read and understood the local rules.	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	All authorised users must complete mandatory safeguarding adults training. Records of training must be retained for inspection.	<b>Met</b>
<b>Ref:</b> Standard 3.9 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b>	

	Review of records evidenced that authorised operators had completed formal training in safeguarding adults during January 2017. Mrs McKeown is aware that safeguarding adults training should be provided every two years.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48.3 and 48.5  <b>Stated:</b> First time	The laser safety file should be updated to include a copy of the in date local rules and medical treatment protocols.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the laser safety file evidenced that it included an in date copy of the local rules.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	Laserase Clinic should establish if they are required to register with the Information Commissioner's Office in keeping with the Data Protection Act 1988.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that Laserase Clinic is registered with the Information Commissioner's Office.	

### 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

Mrs McKeown, registered person, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

Mrs McKeown confirmed that should new authorised operators be recruited in the future they would receive induction training on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm.

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 during October 2017.

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 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 Mrs McKeown confirmed that should authorised operators 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.

A recruitment policy and procedure was in place.

### **Safeguarding**

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. Staff were aware of who the nominated safeguarding lead was within the establishment.

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 observed that the safeguarding adults policy in place lacked detail. Mrs McKeown was advised that the safeguarding adults policy should include the types and indicators of abuse, distinct referral pathways in the event of a safeguarding issue arising with an adult and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Following the inspection a model safeguarding adults policy was forwarded to Mrs McKeown. The further development of the adult safeguarding policy has been identified as an area for improvement against the standards.

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

### **Laser and IPL safety**

A laser safety file was in place which contained all of the relevant information in relation to lasers 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 16 June 2018.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 17 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 laser and IPL equipment being used.



The establishment's LPA completed a risk assessment of the premises on 30 November 2017 and one recommendation in regards to protective eyewear for the new IPL machine was made. Mrs McKeown confirmed that following the LPA site visit new protective eyewear was purchased for the new IPL machine.

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 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. 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/IPL keys and keypad codes 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 and IPL equipment is in use and removed when not in use.

The establishment has separate laser and IPL registers 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 for each laser and IPL machines were reviewed.

### **Management of emergencies**

As discussed, authorised users have up to date training in basic life support, this training should be refresher in keeping with the timeframes identified on the certificate. 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**

The treatment rooms were clean and clutter free. Discussion with Mrs 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.

**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 (CO2) fire extinguishers are available and these had been serviced within the last year.

**Client and staff views**

Thirteen clients submitted questionnaire responses. All 13 clients indicated that they felt safe and indicated that they were very satisfied with this aspect of their care. Comments included in submitted questionnaire responses can be found in section 4.0 of this report.

As discussed no completed staff questionnaires were submitted to RQIA prior to the inspection.

**Areas of good practice**

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

**Areas for improvement**

The adult safeguarding policy should be further developed to ensure it fully reflects best practice guidance.

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

**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.

Five 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.

As discussed, 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.

Staff confirmed that management are approachable and their views and opinions are listened to. Mrs McKeown confirmed that staff meetings are held on a routine basis. Review of documentation demonstrated that minutes of staff meetings are retained.

## Client and staff views

All 13 clients who submitted questionnaire responses indicated that they felt their care was effective and indicated that they were very satisfied with this aspect of their care.

As discussed no completed staff questionnaires were submitted to RQIA prior to the inspection.

## 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
<b>Total number of areas for improvement</b>	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 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. Some comments from clients included:

- “Extremely good.”
- “Very good clinic.”
- “Great clinic.”
- “Treatment working. Great staff.”

## Client and staff views

All 13 clients who submitted questionnaire responses indicated that they felt their care was compassionate and indicated that they were very satisfied with this aspect of their care.

As discussed no completed staff questionnaires were submitted to RQIA prior to the inspection.

## 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>Total number of 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 Mrs McKeown confirmed that authorised operators are aware of who to speak to if they had a concern. Arrangements were in place to facilitate annual staff appraisal. Mrs McKeown 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 an annual basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Mrs McKeown demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs McKeown demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with 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.

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.

A whistleblowing/raising concerns policy was available.

Mrs McKeown, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs McKeown 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 up to date and displayed appropriately.

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

### Client and staff views

All 13 clients who submitted questionnaire responses indicated that they felt the service is well lead and indicated that they were very satisfied with this aspect of the service.

As discussed no completed staff questionnaires were submitted to RQIA prior to the inspection.

### 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
<b>Total number of areas for improvement</b>	0	0

## 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, Social Services and Public Safety (DHSSPS) 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>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time <b>To be completed by:</b> 12 April 2018	All authorised operators should complete basic life support training on an annual basis in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.  Ref: 6.4 <b>Response by registered person detailing the actions taken:</b> <i>Training booked 10/4/18</i>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time <b>To be completed by:</b> 12 April 2018	The registered person shall ensure that the safeguarding adults policy is reviewed and further developed to ensure it fully reflects the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).  The policy should include the name of the safeguarding lead, types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.  Ref: 6.4 <b>Response by registered person detailing the actions taken:</b> <i>The policy has been drafted and staff training will be undertaken</i>

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



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