

Announced Care Inspection Report 12 February 2019



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: Norma Munn

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 using laser and IPL machines. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered.

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 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 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 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 by Dr Donal McKeown– Botox and cosmetic fillers

3.0 Service details

Organisation/Registered Person: Laserase Medical Skincare Clinic 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 PD Private doctor	

4.0 Inspection summary

An announced inspection took place on 12 February 2019 from 10.00 to 13.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; 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.

Two areas requiring improvement were identified. One area for improvement has been made against the regulations in relation to staff training and one area for improvement against the standards has been made in relation to reviewing the establishment's policies and procedures.

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
Total number of areas for improvement	1	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 15 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 February 2018.

5.0 How we inspect

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

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

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

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 one authorised operator. The inspector also was briefly introduced to Dr Donal McKeown private doctor who is also an authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser/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, registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2018

The most recent inspection of the Laserase Clinic 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 15 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 13.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the training records of all authorised operators evidenced that they had completed basic life support training during November 2018. Mrs McKeown confirmed that she will ensure that this training is carried out as outlined in the RQIA training guidance document for cosmetic laser services.	
Area for Improvement 2 Ref: Standard 3.1 Stated: First time	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)	Met

	<p>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</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The safeguarding policy had been reviewed since the previous inspection and included 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.</p>	

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.

Mrs McKeown confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the lasers 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, safe application training for the equipment in use and basic life support training. However not all authorised operators had up to date training in infection prevention and control, fire safety and protection of adults at risk of harm. Mrs McKeown was advised that training should be completed in keeping with RQIA's training guidance. This has been identified as an area for improvement against the regulations.

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.

Mrs McKeown confirmed that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

A review of the private doctor's details confirmed there was evidence of the following:-

- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Following the inspection RQIA received confirmation that evidence of the private doctor's identity and current GMC registration had been sought and retained on file.

It was confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

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 which was comprehensive and reflected best practice guidance however, the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

Safeguarding

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

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

Review of records demonstrated that not 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. As previously discussed an area for improvement has been made in relation to staff training.

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).

As discussed a policy and procedure was 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. 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/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the 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 2019.

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. Records evidenced that the medical treatment protocols were last reviewed on 17 June 2018. 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 completed a risk assessment of the premises on 25 January 2019. Mrs McKeown confirmed that recommendations made by the LPA had been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Mrs McKeown confirmed that all authorised operators had 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.

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. 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 five laser and IPL registers which are completed every time the equipment is operated. Three of the registers were reviewed and included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

The entries in the one of the three laser registers reviewed had not been recorded clearly to evidence the exact treatment given and the precise exposure given. Mrs McKeown was advised to ensure that all authorised operators clearly record these details for all treatments given.

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 2018 were reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place however; the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

Infection prevention and control and decontamination procedures

The treatment rooms were clean and clutter free. Discussion with staff 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. Mrs McKeown was reminded to ensure that all disposable hand towels dispensers are wall mounted.

As discussed previously, not all authorised operators have up to date training in infection prevention and control and an area for improvement has been made in this regard.

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 extinguisher is available which has been serviced within the last year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, laser and IPL safety, management of emergencies, risk management and the environment.

Areas for improvement

All authorised operators should complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – Cosmetic laser services.

	Regulations	Standards
Areas for improvement	1	0

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each treatment.

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 GP, with their consent, for further information if necessary.

Three client care records were reviewed in relation to Laser and IPL treatments. 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.

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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity respect and involvement with decision making

Discussion with Ms McKeown and one of the authorised operators 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/private doctor 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.

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
Areas for improvement	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. Mrs McKeown is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available outlining the arrangements associated with laser and IPL treatments. Observations made confirmed that policies and procedures were indexed and dated. However, several of the policies and procedures had exceeded their review dates. An area for improvement against the standards has been made to ensure that all policies and procedures are systematically reviewed and updated at least every three years or sooner if changes occur.

Mrs McKeown confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment however; the policy had exceeded the review date. As discussed an area for improvement has been made against the standards in relation to reviewing policies. Mrs McKeown demonstrated good awareness of complaints management.

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.

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 and 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 however; the policy had exceeded the review date. As discussed an area for improvement has been made against the standards in relation to reviewing policies. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs McKeown demonstrated a clear understanding of her role and responsibility in accordance with legislation. 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.

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

Policies and procedures should be systematically reviewed at least every three years or sooner as changes occur.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

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

Eleven clients submitted questionnaire responses to RQIA. All 11 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 11 clients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “I would definitely recommend this clinic, they are very professional”.
- “Dr McKeown and staff are excellent. The care provided is always top class”.
- “Just to say I am delighted with the clinic”.

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

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 18 (2) (a) Stated: First time To be completed by: 12 April 2019	The registered person shall ensure that all authorised operators' complete training in keeping with RQIA's training guidance for Independent Hospitals (IH). Ref: 6.4 Response by registered person detailing the actions taken: <i>Being addressed</i>
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for Improvement 1 Ref: Standard 19.5 Stated: First time To be completed by: 12 May 2019	The registered person shall ensure that policies and procedures are reviewed and updated at least three yearly or sooner, as necessary. Ref: 6.7 Response by registered person detailing the actions taken: <i>actioned</i>

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



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