

# Inspection Report

28 July 2021



## The Cottage Health and Beauty Spa

Type of service: Type of Service: Independent Hospital (IH) –  
Cosmetic Laser/Intense Pulse Light (IPL) Service  
Address: 7 Old Moy Road, Dungannon, BT71 6PS  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> The Cottage Health and Beauty Spa</p>	<p><b>Registered Manager:</b> Mrs Grace O’Kane</p>
<p><b>Responsible Individual:</b> Mr John O’Kane</p>	<p><b>Date registered:</b> 16 December 2019</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Grace O’Kane</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	
<p><b>Brief description of how the service operates:</b> The Cottage Health and Beauty Spa is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology (PT): PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a laser/IPL machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser/IPL equipment:</b></p> <p>Manufacturer: Ellipse Model: Nordlys Nordus Frax 1550 Serial Number: (21) 18120728</p> <p>Manufacturer: Ellipse Model: Multifex + Serial Number: 14080231</p> <p>The Ellipse Nordus Frax machine is a multi-platform machine that is capable of providing both laser and IPL treatments by changing the treatment heads. Laser and IPL treatments heads are available in the establishment.</p>	

**Laser protection advisor (LPA):**

Mr Simon Wharmby (Laser safe)

**Laser protection supervisor (LPS):**

Mrs Grace O'Kane

**Medical support services:**

Dr Mervyn Patterson (Woodford Medical)

**Authorised operators:**

Mrs Grace O'Kane

Ms Adele Ewing

Ms Julie Richson

**Types of laser treatments provided:**

Fungal nail

Vascular lesions

Skin resurfacing

**Types of IPL treatments provided:**

Hair removal

Skin rejuvenation (Rosacea/vascular and pigmentation)

**2.0 Inspection summary**

We undertook an announced inspection on 28 July 2021 from 10 am to 12:20 pm. On arrival it became apparent that the clinic had not received the notification of inspection email and were not expecting an inspection. On discussion we identified that the email address for the clinic had changed and therefore Mr O'Kane had not received the notification email. On the day of inspection Mrs O'Kane, Registered Manager, an authorised operator and a receptionist were on duty. Even though the staff on duty had not been aware that an inspection had been scheduled they were able to facilitate the inspection.

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

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

Issues were identified in relation to the appointment of new authorised operators; retention of authorised operator training records; the arrangements for document control for key documents (local rules and risk assessments produced by the appointed LPA and medical treatment protocols). These are discussed throughout the main body of this report.

Following the inspection documentation was submitted to RQIA by email to evidence that the matters identified had been addressed. However, in light of this RQIA is concerned about the governance and oversight of this clinic. To be assured that service improvement will be maintained, four areas for improvement against the regulations have been made and a follow-up inspection to assess compliance with the legislation and minimum standards will be undertaken before the end of March 2022. Additional information can be found in section 6.0 of this report.

### **3.0 How we inspect**

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### **4.0 What people told us about the service**

Posters were issued to The Cottage Health and Beauty Spa by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. However, as discussed in section 2.0 above the clinic did not receive the notification email and attached posters. Therefore we did not receive any completed patients or staff questionnaires.

An authorised operator told us that during identified time periods clients are encouraged to complete a satisfaction survey and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Due to the periods of closure during the 2020/21 inspection year a summary report was not generated. Now that the service is operational again the authorised operator confirmed that priority will be given to encouraging clients to complete a satisfaction survey and that an action plan would be developed to inform and improve services provided, if appropriate.

### **5.0 The inspection**

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

Areas for improvement from the last inspection on 27 February 2020		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that recommendations made by the laser protection advisor (LPA) in the risk assessment are addressed and signed off on completion.</p> <p>Any further advice from the LPA regarding the protective eyewear should be actioned.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as partially met and is therefore stated for the second time. Further detail is provided in section 5.2.8.</p>	Partially met
Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>		Validation of compliance
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 48.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that core of knowledge training is undertaken by the authorised operator.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.1.</p>	Met
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 48.21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the laser safety file and ensure that all relevant information pertaining to the laser/IPL equipment is obtained and retained in the file.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as not met. A new area for improvement against the regulations has been made. Further detail is provided in section 5.2.8.</p>	Not met

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 48.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• a copy of the service level agreement, including the contracted dates, between the establishment and the LPA is obtained and retained in the laser safety file</li> <li>• evidence of the LPA's certification is obtained and retained in the laser safety file</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as not met. A new area for improvement against the regulations has been made. Further detail is provided in section 5.2.8.</p>	<p><b>Not met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 48.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a copy of Dr Mervyn Patterson's qualifications to evidence that he is trained and experienced to undertake the role of medical support officer is obtained and retained in the laser safety file.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met, further detail is provided in section 5.2.8.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 20.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the laser/IPL equipment is decontaminated between use, in line with the manufacturer's instructions. This information should also be included in the establishment's infection control policy.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met, further detail is provided in section 5.2.5.</p>	<p><b>Met</b></p>

## 5.2 Inspection outcome

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

Mrs O’Kane told us that there are sufficient staff in the various roles to fulfil the needs of the establishment and clients. It was confirmed that treatments using the Ellipse Nordlys Nordus Frax and Ellipse Multiflex + machines are only carried out by authorised operators. It was observed that the register of authorised operators had not been signed by all three authorised operators. On 12 August 2021, evidence was submitted to RQIA by email confirming that all three authorised operators had signed the laser register to confirm that they had read and understood the local rules and medical treatment protocols.

RQIA have produced cosmetic laser training guidance for authorised operators. It was established that since the previous inspection two longstanding members of staff who had worked in the clinic commenced providing laser and IPL treatments. Training records for these authorised operators were not available for review during the inspection. On the 11 and 19 of August 2021, training certificates to confirm that all three authorised operators had completed training in core of knowledge; application training for the equipment in use; basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm was submitted to RQIA by email. This addresses the previous area for improvement 1 against the standards in section 5.1 of this report. It was advised that authorised operator training records should be retained in the laser safety file and be available for inspection at all times.

Mrs O’Kane is aware that all other staff employed at the establishment, but not directly involved in the use of the laser machines should receive laser safety awareness training.

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

As discussed in section 5.2.1, two long standing members of staff who had worked in the clinic offering aesthetic treatments commenced providing laser and IPL treatments during 2019. It was confirmed that as these two staff members were long standing employees no additional recruitment checks were undertaken when they became authorised operators. Mrs O’Kane was reminded that prior to newly appointed authorised operators commencing treatment using a laser or IPL machine all required recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained.

It was confirmed that AccessNI enhanced disclosure checks had not been made for the two new authorised operators when they commenced offering laser and IPL treatments. Mrs O’Kane was advised that the required AccessNI checks must be undertaken as a matter of urgency. On the 19 August 2021, confirmation was submitted to RQIA that AccessNI enhanced disclosure checks had been applied for. Following the inspection, documents that the clinic could use when recruiting additional authorised operators in the future were emailed to The Cottage Health and Beauty Spa. These include templates for applicant authorised operators to make a criminal conviction declaration; a template to record all relevant information contained within AccessNI enhanced disclosure checks and a recruitment checklist. The completion of the recruitment checklist will ensure all specified recruitment documentation has been sought and retained.

An area for improvement has been made against the regulations in relation to the recruitment of authorised operators.

There were recruitment and selection policies and procedures, that adhered to legislation and best practice, that if adhered to, would ensure suitably skilled and qualified staff work in the clinic.

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

Mrs O’Kane told us that laser or IPL treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs O’Kane and an authorised operator demonstrated that they were 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 training records submitted to RQIA by email following the inspection evidenced that all authorised operators had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

As discussed previously, training certificates to evidence that all authorised operators had up to date training in basic life support were submitted to RQIA following the inspection. Mrs O’Kane and the authorised operator spoken with were aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

### **5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?**

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.



There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The laser and IPL treatment rooms were clean and clutter free. Discussion with an authorised operator evidenced that appropriate procedures were in place for the decontamination of equipment between use. This addresses the previous area for improvement 5 against the standards as outlined in section 5.1.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, training certificates to evidence that authorised operators had up to date training in IPC were submitted to RQIA following the inspection.

The service had appropriate arrangements in place in relation to IPC and decontamination.

### **5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs O'Kane and an authorised operator who outlined the measures that are taken by The Cottage Health and Beauty Spa to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

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

### **5.2.7 How does the service ensure the environment is safe?**

The service has two treatment rooms and storage rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

### **5.2.8 How does the service ensure that laser and IPL procedures are safe?**

On the day of inspection it was noted that the laser safety file did not contain all of the relevant information in relation to the laser and IPL equipment available. Although this information was submitted to RQIA by email following the inspection, the information should be retained in a laser safety file so that it is easily accessed by authorised operators.

Written confirmation to evidence the appointment and duties of a certified LPA was not available. This was submitted to RQIA by email following the inspection. Review of this documentation evidenced that the service level agreement between the establishment and the LPA expires on 31 August 2022.

The local rules available pertained to the Ellipse Nordlys Nordus Frax machine, no local rules were available for the Ellipse Multiflex +. This was brought to the attention of Mrs O'Kane and the authorised operator who told us that the Ellipse Multiflex + machine was moved from the clinic in Belfast that closed during 2020. Updated local rules for both Ellipse machines were submitted to RQIA by email on 11 August 2021.

The LPA risk assessment available was dated 16 May 2019. A review of this risk assessment evidenced that it pertained only to the Ellipse Nordus Frax machine, it also included recommendations that had not been signed and dated by the LPS to confirm they had been actioned. One of these recommendations related to the protective eyewear available. Staff were advised that an updated LPA risk assessment to include both laser machines should be sought from the appointed LPA and be available in the clinic. On 11 August 2021, an updated LPA risk assessment dated 11 August 2021 was submitted to RQIA. This risk assessment pertained to both laser machines. The LPS should review the risk assessment and ensure that all recommendations have been actioned. An area for improvement against the regulations has been stated for the second time.

Mrs O'Kane told us that laser and IPL procedures are carried out in line with the medical treatment protocols. It was noted that medical treatment protocols available were due to be reviewed during April 2020. This was brought to the attention of Mrs O'Kane and the authorised operator. On 11 August 2021, evidence was submitted to RQIA by email confirming that the medical treatment protocols were valid up to 1 August 2023. These medical treatment protocols had been produced by a named registered medical practitioner. The medical treatment protocols contained the relevant information about the treatments being provided. It was reinforced that systems must be in place to ensure the medical treatments protocols are reviewed when due. Records were available to evidence that the named medical practitioner who developed the medical treatment protocols is trained and experienced to undertake the role of medical support officer. This addresses the previous area for improvement 4 against the standards as outlined in section 5.1.

Mrs O'Kane as the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. As discussed previously evidence that the three authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols was submitted to RQIA by email following the inspection.

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 Ellipse Nordus Frax machine is operated using a key and the Ellipse Multiflex + is operated using a keypad code. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear is available for the client and operator. As discussed the LPA risk assessment dated 11 August 2021 has a recommendation about the level of protection offered by the protective eyewear available. An area for improvement against the regulations stated for the second time has been made about the LPA risk assessment.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Authorised operators were aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

The Cottage Health and Beauty Spa has separate register for each machine, the registers had distinct sections to differentiate between laser and IPL treatments. Authorised operators told us that they complete the relevant section of the register every time the equipment is operated, the register includes:

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

There are arrangements in place to service and maintain the IPL/Laser equipment in line with the manufacturer's guidance.

As described throughout this section of the report key documentation relevant to the safe use and operation of the IPL/laser equipment was either not available on the day of inspection or had not been reviewed within the identified timeframes. An area for improvement against the regulations has been made to address this.

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

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

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. An authorised operator told us that if required additional information would be sought from a client's general practitioner (GP), with their consent. It was noted that the client consultation record did not include the contact information for the client GP or next of kin. This information should be recorded for each client in keeping with Schedule 3 Part II of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection an updated client consultation record to include this information was submitted to RQIA by email.

Five client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The service has a policy for advertising and marketing which is in line with legislation.

It was observed that the Information Commissioner's Office (ICO) certificate of registration expired on 26 February 2021. On 11 August 2021 an ICO registration certificate that is due to expire on 26 February 2022 was submitted to RQIA by email.

#### **5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?**

Discussion with Mrs O'Kane and an authorised operator regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

#### **5.2.11 How does the responsible individual assure themselves of the quality of the services provided?**

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mr O'Kane is the Responsible Individual for The Cottage Health and Beauty Spa and as such Regulation 26 unannounced quality monitoring must be undertaken at least on a six monthly basis. A report detailing the findings of these visits must be generated and made available to clients and interested parties. Unannounced quality monitoring visit reports were not reviewed during this inspection.

As a result of the findings of the this inspection an area for improvement against the regulations has been made to increase the frequency of unannounced quality monitoring visits as outlined in the QIP and submit the reports to RQIA.

Policies and procedures were available outlining the arrangements associated with the laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on at least a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment. Authorised operators evidenced a good awareness of complaints management.

Mrs O’Kane confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Information requested by RQIA has been submitted within the specified timeframes. Mrs O’Kane confirmed that the statement of purpose and client’s guide are kept under review, revised and updated when necessary and available on request.

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

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

As discussed in section 2.0, given the findings of this inspection, RQIA has concerns about the governance and oversight of this clinic.

#### **5.2.12 Does the service have suitable arrangements in place to record equality data?**

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs O’Kane and staff.

## **6.0 Conclusion**

As discussed throughout the report, issues were identified in relation to the appointment of new authorised operators; retention of authorised operator training records; the arrangements for document control for key documents relevant to the safe use and operation of the lasers (i.e. local rules and risk assessments produced by the appointed LPA and medical treatment protocols). Following the inspection documentation was submitted to RQIA by email to evidence that the matters identified had been addressed.

Based on the inspection findings and discussions held we are satisfied that this service is providing effective care in a caring and compassionate manner. To be assured that care is safe and that the service is well led four areas for improvement against the regulations have been made.

To be assured that service improvement will be maintained a follow-up inspection to assess compliance with the legislation and minimum standards will be undertaken before the end of March 2022.

## 7.0 Quality Improvement Plan/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](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	0*

\*the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mrs O’Kane, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (1) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 August 2021</p>	<p>The registered person shall ensure that recommendations made by the laser protection advisor (LPA) in the risk assessment are addressed and signed off on completion.</p> <p>Any further advice from the LPA regarding the protective eyewear should be actioned.</p> <p>Ref: 5.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All recommendations following the inspection have been actioned and signed to date, copies are in our laser safety file. still awaiting further advise from our LPA regarding eyewear and what is suitable upon his response suitable action will be taken to ensure requirements are met.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 39 (1) (2)</p> <p><b>Stated:</b> First</p> <p><b>To be completed by:</b> 25 August 2021</p>	<p>The responsible individual shall ensure the laser safety file contains all relevant information pertaining to the safe use and operation of the laser and intense pulse light machines available. The file should contain the following:</p> <ul style="list-style-type: none"> <li>• confirmation of appointment of the laser protection advisor (LPA)</li> <li>• local rules for the laser machines available</li> <li>• medical treatment protocols for the treatments offered</li> <li>• LPA risk assessment</li> <li>• Register of authorised operators signed by all authorised operators</li> <li>• Training records for all authorised operators</li> <li>• Servicing certificates for the laser machines available</li> </ul> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> All recommendations following the inspection have been actioned and signed to date. copies are kept in our laser safety file.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2), Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 July 2021</p>	<p>The responsible individual shall ensure that all required recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained prior to new authorised operators providing treatment.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All documentation on the new authorised operators has been brought up to date and access ni checks completed and certificates are held in our laser safety file.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2021</p>	<p>The responsible individual shall undertake unannounced quality monitoring visits to the establishment every two months; produce a report detailing the findings of their visit and submit their report to RQIA. The first report should be submitted to RQIA upon return of this quality improvement plan. These visits should be undertaken every two months until such times as RQIA advises that the visits can revert to six monthly intervals as specified in Regulation 26 of The Independent Health Care Regulations (2005).</p> <p>Ref: 5.2.11</p> <p><b>Response by registered person detailing the actions taken:</b> A check has been carried out within the establishment all findings are in order, we will continue to have these unannounced visits and will submit the findings. G.O'kane</p>

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

Draft Only





The **Regulation** and  
**Quality Improvement**  
Authority

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