



The Regulation and  
Quality Improvement  
Authority

*Michelle O'Leary*  
20/7/17

## **Announced Care Inspection Report 30 May 2017**



### **Laser Solutions @ Aaromatica**

**Type of Service: Cosmetic Independent Hospital (IH) - Laser/IPL  
Service**

**Address: 343 Ormeau Road, Belfast BT7 3GL**

**Tel No: 028 9049 1009**

**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Laser Solutions @ Aaromatica took place on 30 May 2017 from 10.30 to 12.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Observations made, review of documentation and discussion with Ms Michelle Deighan, registered person, demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included: laser safety; staffing; recruitment and selection; safeguarding; management of medical emergencies; infection prevention control and decontamination; and the general environment. One recommendation was made that Ms Deighan as the authorised user should complete mandatory training as detailed in the main body of the report.

### Is care effective?

Observations made, review of documentation and discussion with Ms Deighan demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made

### Is care compassionate?

Observations made, review of documentation and discussion with Ms Deighan demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation was made that a summary report detailing the main findings of the client satisfaction survey should be generated on at least an annual basis.

### Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. Areas reviewed included: organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements; and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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).

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Michelle Deighan, 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.

**1.2 Actions/enforcement taken following the most recent care inspection**

There were no further actions required to be taken following the most recent inspection.

**2.0 Service details**

<b>Registered organisation/registered person:</b> Laser Solutions @ Aaromatica Ms Michelle Deighan	<b>Registered manager:</b> Ms Michelle Deighan
<b>Person in charge of the home at the time of inspection:</b> Ms Michelle Deighan	<b>Date manager registered:</b> 21 September 2009
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

**IPL equipment**

Manufacturer: Ellipse  
Model: Light SPT Intense Pulsed Light System  
Serial Number: 05030347

**Laser protection advisor (LPA) -** Lasernet: Mr Irfan Azam

**Laser protection supervisor (LPS) -** Ms Michelle Deighan

**Medical support services –** Dr Paul Myers

**Authorised users -** Ms Michelle Deighan

**Types of treatment provided –** Hair removal, skin rejuvenation, vascular/thread veins, pigmentation and acne.

### 3.0 Methods/processes

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. No staff questionnaires were issued on behalf of RQIA, as Ms Deighan is the sole user of the IPL service and no other staff were employed by the establishment for the purposes of the IPL service. Prior to inspection we analysed the following records: notifications, the complaints declaration and returned client questionnaires.

During the inspection the inspector met with Ms Michelle Deighan, registered person and authorised user. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 03 August 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 03 August 2016

As above.

### 4.3 Is care safe?

#### Staffing

Discussion with Ms Deighan confirmed that there are no other staff involved in the delivery of IPL services in the establishment.

It was confirmed that IPL treatments are only carried out by Ms Deighan, the sole authorised user. A register of authorised users for the IPL is maintained and kept up to date.

A review of training records evidenced that Ms Deighan had up to date training in core of knowledge training, application training for the equipment in use, and fire safety. Ms Deighan confirmed she did have arrangements in place to undertake basic life support training in October 2016, however due to illness she was unable to attend this training. A recommendation has been made that Ms Deighan completes training in infection prevention and control, protection of adults at risk of harm and basic life support training.

### **Recruitment and selection**

There have been no authorised users recruited since the previous inspection. During discussion Ms Deighan confirmed that whilst it was not her intention to recruit any staff for the IPL service, should staff be recruited in the future robust systems and processes will be 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.

### **Safeguarding**

Ms Deighan was aware of the types and indicators of abuse and the actions to take in the event of a safeguarding issue being identified.

As previously discussed, Ms Deighan confirmed she had not yet completed training in the protection of adults at risk of harm and a recommendation has been made. A discussion took place regarding the level of training the safeguarding lead for the service should have. Ms Deighan was advised to refer to the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults. It was identified that the policy for safeguarding adults was in need of further development in order to fully reflect the most recent regional guidance documents. Following the inspection information was emailed to Ms Deighan to assist in the development of a policy that fully reflects the 'Adult Safeguarding Prevention and Protection Partnership' policy (July 2015). On 16 June 2017 RQIA received an email from Ms Deighan which included a copy of the revised Safeguarding 'Adults at Risk of Harm' policy which was seen to be reflective of the afore mentioned regional guidance document.

In addition the following regional safeguarding documentation was forwarded to Ms Deighan by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- Adult protection gateway contact information

### **Laser safety**

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA); however, it was unclear from records provided if the appointment of the LPA was reviewed annually. On 16 June 2017, the LPA contacted RQIA by telephone and confirmed that they plan to visit the establishment at the end of June 2017 to update the relevant documentation.

IPL procedures are carried out by a trained operator in accordance with medical treatment protocols produced by Dr Paul Myers which had been revalidated in July 2016. 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 equipment being used.

The establishment's LPA completed a risk assessment of the premises in July 2015 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised users is maintained. The authorised user has signed to state that she has read and understood the local rules and medical treatment protocols.

When the 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 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 room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear was available for the client and operator as outlined in the local rules. It was suggested the local rules are amended on the next LPA visit to accurately reflect the manufacturer of the total block eye shields.

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

The establishment has an IPL register which is 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of 10 August 2016 was reviewed as part of the inspection process.

## Management of emergencies

Discussion with Ms Deighan confirmed she was aware of what action to take in the event of a medical emergency and there was a resuscitation policy in place. As previously discussed a recommendation has been made for Ms Deighan to completed training in basic life support, which should be renewed annually.

## Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Deighan evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, a recommendation has been made for Ms Deighan to complete infection prevention and control training, which should be renewed every two years.

## 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Client and staff views

Five clients submitted questionnaire responses to RQIA. All indicated they felt safe and protected from harm and also indicated that there were very satisfied with this aspect of care. No comments were included in the submitted questionnaires.

No staff questionnaires were issued on behalf of RQIA, as Ms Deighan is the sole authorised user in the IPL service.

## Areas for improvement

Ms Deighan should complete training in infection prevention and control, protection of adults at risk of harm and basic life support.

Number of requirements	0	Number of recommendations	1
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## 4.4 Is care effective?

### 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 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.

Six client care records were reviewed. There was an accurate and up to date treatment record for each 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)

It was noted that the client signs that there are no changes to their medication or medical history prior to receiving each IPL treatment. This is to be commended.

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.

### Communication

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

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

### Client views

Five clients submitted questionnaire responses to RQIA and indicated they felt they get the right care at the right time with the best outcome for them. All clients also indicated that they were very satisfied with this aspect of care. The following comment was provided:

- 'Great place.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

#### Dignity respect and involvement with decision making

Discussion with Ms Deighan 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 user present. Ms Deighan outlined how modesty and dignity is provided, through dignity drapes, disposable underwear and allowing the client to undress and dress in private in a locked treatment room.

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 locked filing cabinet.

Discussion with Ms Deighan demonstrated that a client satisfaction survey had not been undertaken as she thought that the client questionnaires provided by RQIA would provide a client consultation process. Ms Deighan was advised that RQIA client questionnaires are part of the RQIA inspection methodology and that the registered person should undertake a client satisfaction survey on an annual basis. Ms Deighan was aware that feedback provided by clients should be collated in an anonymised format into a summative report and made available to clients. A recommendation has been made to undertake a client satisfaction survey and provide a summative report as discussed.

### **Client views**

Five clients submitted questionnaire responses to RQIA and indicated they are treated with dignity and respect and are involved in decision making affecting their care. All clients also indicated that they were very satisfied with this aspect of care. No comments were included in the submitted questionnaires.

### **Areas for improvement**

A client satisfaction survey should be undertaken annually and a report detailing the main findings should be generated in an anonymised format and made available for clients.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### **4.6 Is the service well led?**

### **Management and governance**

Ms Deighan is the only authorised user and is responsible for the day to day management of the establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Ms Deighan demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Deighan demonstrated 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.

It was 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.

Discussion with Ms Deighan confirmed that arrangements were in place to review the effectiveness and quality of care delivered to service users at appropriate intervals.

Ms Deighan 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, however not applicable to this establishment.

Ms Deighan demonstrated an understanding of her role and responsibility in accordance with legislation. It was 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 views**

Five clients submitted questionnaire responses to RQIA and indicated they felt that the service is well managed. All clients also indicated that they were very satisfied with this aspect of the service. The following comments were provided:

- 'Very good clinic and lovely staff.'
- 'My experiences have been excellent.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Michelle Deighan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH-Cosmetic Laser/Intense Pulsed Light. The registration is not transferable

so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

Ref: Standard 48.12

Stated: First time

To be completed by:  
30 August 2017

Ms Deighan as the authorised user should complete refresher training in the following areas:

- basic life support
- infection prevention and control
- safeguarding adults at risk of harm

Response by registered provider detailing the actions taken:

Basic life support training booked for 28/8/17.  
infection prevention and control information downloaded and studied July 17.  
Safeguarding adults at risk of harm information downloaded and studied July 17. Michelle O'Gara  
30/7/17.

#### Recommendation 2

Ref: Standard 5

Stated: First time

To be completed by:  
30 August 2017

A client satisfaction survey should be undertaken annually and a report detailing the main findings should be generated in an anonymised format and made available for clients.

Response by registered provider detailing the actions taken:

Completed 20/7/17  
Michelle O'Gara  
30/7/17



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
🐦 @RQIANews

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