

## **Announced Care Inspection Report 20 June 2018**



### **Laser Solutions @ Aaromatica**

**Type of Service: Cosmetic Independent Hospital (IH) –  
Intense Pulse Light (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

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

Laser Solutions @ Aaromatica is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments using an intense pulse light (IPL) machine.

### IPL equipment

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

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

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

**Medical support services – Dr Paul Myers**

**Authorised operator - Ms Michelle Deighan**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Laser Solutions @ Aaromatica Ms Michelle Deighan	<b>Registered Manager:</b> Ms Michelle Deighan
<b>Person in charge 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	

### 4.0 Inspection summary

An announced inspection took place on 20 June 2018 from 10.00 to 11.45.

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; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Two areas requiring improvement were identified against the standards, one in relation to registration with the Information Commissioners Office (ICO) and one area has been stated for a second time in relation to mandatory training for the authorised operator.

Clients who submitted questionnaire responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. No additional comments were provided.

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	2

Details of the Quality Improvement Plan (QIP) 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 30 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 May 2017.

#### 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. Ms Deighan is the sole user of the IPL service and no other staff are employed by the establishment for the purposes of the IPL service, therefore no staff questionnaires were provided to RQIA.

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

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

The following records were examined during the inspection:

- safeguarding
- 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 Ms Deighan at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 May 2017**

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 30 May 2017

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.12  <b>Stated:</b> First time	Ms Deighan as the authorised user should complete refresher training in the following areas: <ul style="list-style-type: none"> <li>• basic life support</li> <li>• infection prevention and control</li> <li>• safeguarding adults at risk of harm</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of Ms Deighan's training records evidenced that she had completed training in basic life support. Ms Deighan had not completed training in infection prevention and control and safeguarding adults at risk of harm. Advice and guidance was provided in this regard.  This area of improvement has been partially met; the relevant component has been stated for a second time.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	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>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A client satisfaction survey had been completed and a summary report provided. Ms Deighan confirmed that the client satisfaction survey will be undertaken annually.	

### 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 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 operator. A register of authorised operators for the IPL is maintained and kept up to date.

As previously discussed a review of Ms Deighan's training records evidenced that as the authorised operator she has up to date training in core of knowledge, safe use and application for the equipment in use, fire safety and basic life support. It was identified that refresher training in infection prevention and control and level 2 training in the safeguarding of adults at risk of harm has still to be completed. An area of improvement against the standards has been stated for a second time in this regard.

No other staff are employed at the establishment, however Ms Deighan confirmed that should staff be employed who are not directly involved in the use of the IPL equipment, they would receive IPL safety awareness training.

#### Recruitment and selection

There have been no authorised operators 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 safeguarding of adults at risk of harm. As discussed, completion of this training has been included in an area for improvement against the standards. 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 and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

The establishment does not provide an IPL service to persons under the age of 18 years.

### **IPL safety**

An IPL safety file was in place which contained all of the relevant information in relation to the 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 02 December 2018.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 03 June 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 3 June 2018 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 operators is maintained. Authorised operators have signed to state that they have 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 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. 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 was reviewed as part of the inspection process.

### **Management of emergencies**

As discussed, Ms Deighan has up to date training in basic life support. Discussion with Ms Deighan confirmed she was aware of the 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 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 were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Ms Deighan needs to undertake refresher training in infection prevention and control and completion of this training this has been included in an area for improvement.

### **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, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

### **Areas for improvement**

Ms Deighan should complete training in infection prevention and control and safeguarding of adults at risk of harm.

	Regulations	Standards
<b>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

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 is an accurate and up to date treatment record for every client which includes:

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

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

Discussion with Ms Deighan and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

The establishment is not registered with the Information Commissioners Office (ICO). Mrs Deighan stated that as she did not hold electronic client records she understood that the establishment did not need to register with the ICO. Mrs Deighan was advised to contact the ICO to ascertain if the service is required to register. An area of improvement was identified against the standards in relation to this matter.

### 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.

### 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

Ms Deighan should contact the ICO to ascertain if the service is required to register.

	Regulations	Standards
Areas for improvement	0	1

#### 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 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 operator 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.

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

Ms Deighan is the only authorised operator 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 displayed in the establishment. Discussion with Ms Deighan demonstrated she had a good awareness of complaints management.

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.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.8 Equality data

#### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Deighan.

### 6.9 Client and staff views

Twelve clients submitted questionnaire responses to RQIA. All 12 indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

As previously discussed, no other staff are employed by the establishment for the purposes of the IPL service, therefore no staff questionnaires were provided 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 Ms Michelle Deighan, 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 Minimum Care Standards for Healthcare Establishments (July 2014)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.12  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 August 2018	<p>Ms Deighan as the authorised operator should complete refresher training in the following areas:</p> <ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• safeguarding adults at risk of harm</li> </ul> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> level 2 infection prevention and control to be undertaken with vision2learn to be completed by 31.1.2019</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2018	<p>The registered person shall contact the Information Commissioners Office (ICO) to ascertain if the service is required to register with the ICO.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> On contacting ICO was informed that there is an exemption for records that are not electronic, and my records are all in paper format. Also a level online safeguarding vulnerable adults at risk of harm to be undertaken by 31.1.2019</p>

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



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

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