

Inspection Report

17 May 2024



Laser Solutions Skin Clinic

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light

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www.rqia.org.uk

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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Provider: Ms Michelle Deighan	Registered Manager: Ms Michelle Deighan Date registered: 21 September 2009
Person in charge at the time of inspection: Ms Michelle Deighan	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and/or Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: Laser Solutions Skin Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) 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) and prescribed techniques or prescribed technology: establishments using intense light sources PT(IL). Laser Solutions Skin Clinic also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and intense pulse light (IPL) machines that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Equipment available in the service: Laser equipment: Manufacturer: Alma Model: Soprano Ice Serial Number: SI2ICE Laser Class: Class 4 Wavelength: 810nm IPL equipment: Manufacturer: Ellipse Model: Light SPT Intense Pulsed Light System Serial Number: 05030347	

Types of laser treatments provided:

Hair removal

Types of IPL treatments provided:

Hair removal, skin rejuvenation, facial thread veins, skin pigmentation and acne treatment.

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 May 2024 from 10.00 am to 12.30 pm.

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.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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.

No immediate concerns were identified regarding the delivery of front line client care.

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

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Laser Solutions Skin Clinic.

Posters were issued by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

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 29 March 2023		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (3) (a) Part II Schedule 3 (3) Stated: First time	<p>The registered person shall ensure that the laser and Intense Pulse Light (IPL) registers are maintained every time the laser and/or IPL are operated and are kept up to date.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.</p>	Met
Area for improvement 2 Ref: Regulation 21 (1) (a) (i) and (b) Stated: First time	<p>The registered person shall ensure that client care records are completed contemporaneously, retained and available for inspection.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.</p>	
Area for improvement 3 Ref: Regulation 21 (3) (a) Schedule II (1) (c) Stated: First time	<p>The registered person shall ensure that client care records include the name and address of the client's general practitioner.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.</p>	Met

Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.12 Stated: First time	The registered person shall provide verification that the authorised operator has undertaken application training in the provision of skin pigmentation using the Ellipse SPT machine.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.1.	
Area for improvement 2 Ref: Standard 48.10 Stated: First time	The registered person shall ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	

5.2 Inspection outcome

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

Ms Deighan told us that laser and IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the laser and IPL machines was in place and was up to date.

A review of training records evidenced that Ms Deighan has up to date training in core of knowledge, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. There was no record to evidence that Ms Deighan had completed annual refresher training in basic life support. This was discussed with Ms Deighan and following inspection a certificate of training in basic life support dated 30 May 2024 was submitted to RQIA.

An area for improvement had been made at the previous inspection in relation to Ms Deighan's training for skin pigmentation treatment. It was evidenced that Ms Deighan had completed refresher training in the use of the Ellipse SPT machine for skin pigmentation, skin rejuvenation and vascular treatments on 21 June 2023. It was determined therefore that area for improvement one, made against the standards has been met.

As a result of the action taken following inspection it was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators.

These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion Ms Deighan confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Discussion with Ms Deighan confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

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

Ms Deighan stated that laser and 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 Ms Deighan confirmed that she was 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 records demonstrated that, Ms Deighan, as the safeguarding lead, has completed formal level two 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 available for reference.

It was determined that 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?

There was a written protocol in place for dealing with recognised medical emergencies.

As mentioned previously, Ms Deighan has completed refresher training in basic life support following the inspection. Discussion with Ms Deighan at inspection confirmed she was aware of what action to take in the event of a medical emergency.

It was determined that 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 (IPC) 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.

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 had up to date training in IPC.

It was determined that 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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Ms Deighan who outlined the measures taken by Laser Solutions Skin Care to ensure current best practice measures are in place.

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

5.2.7 How does the service ensure the environment is safe?

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

There was carbon dioxide (CO₂) and water (H₂O) fire extinguishers on the premises however annual servicing could not be evidenced within the last year.

Following inspection, a certificate of inspection by an accredited fire risk assessor was submitted to RQIA, evidencing that servicing had been completed on 17 May 2024.

As a result of actions taken following inspection, 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?

A laser safety file was in place which contained the relevant information in relation to 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 during May 2025.

Local rules dated May 2024 were in place which have been developed by the LPA. The local rules contained the relevant information about the laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises during April 2022 and all recommendations made by the LPA have been addressed. Ms Deighan advised that the appointed LPA was due to visit the clinic again in the coming months.

Ms Deighan confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during May 2025. It was established that systems are in place to review the medical treatment protocols when due.

Ms Deighan, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Ms Deighan had signed to state that she had read and understood the local rules and medical treatment protocols.

When the laser or 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency. Ms Deighan was aware that the laser safety warning sign should only be displayed when the laser or IPL equipment is in use and removed when not in use.

The laser machine is operated using a key and the IPL machine is operated using a passcode. 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 outlined in the local rules.

Laser Solutions Skin Care has two client registers, one to record laser treatments and one to record IPL treatments.

Ms Deighan told us the relevant section of the register is completed every time the equipment is operated. A review of both registers evidenced that the following detail was included:

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

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL and laser dated April 2024 were reviewed.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

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

Ms Deighan confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, 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 each client's personal information is recorded in keeping with legislative requirements and clients are asked to complete a health questionnaire.

A previous area for improvement had been made against the regulations regarding the recording of general practitioner (GP) details in client consultation records. A sample of six client care records were reviewed and it was evidenced that GP details were, in the main, recorded following legislative requirements. Ms Deighan was reminded that there should be arrangements in place to contact the client's GP, with their consent, for further information if necessary. Ms Deighan was receptive to the advice given regarding her consultation records and gave assurances that this matter would be actioned. It was determined therefore that area for improvement three, made against the standards, has been assessed as met.

An area for improvement had been made at the previous inspection regarding the maintenance of client treatment records in accordance with the minimum standards.

A random sample of client care records were reviewed and noted to be completed contemporaneously, retained and made available for inspection.

The treatment record included:

- client details
- consent for IPL treatment
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

A review of three client records for laser treatment evidenced that the consent form in use referred to treatment using IPL equipment. Advice and guidance was provided to Ms Deighan and following inspection, a copy of a new laser consent form template was shared with RQIA. Ms Deighan agreed to use this consent form moving forward for any laser treatments. This will offer clients sufficient information to consent to laser treatment.

It was identified that, in the main, clients had countersigned their clinical record to confirm their health status was up to date. However, it was evidenced that on occasion a client had not signed the form at the time of treatment. This matter was brought to the attention of Ms Deighan who gave assurances that the treatment record would be completed in full at each visit from now on.

Further advice was given to Ms Deighan to undertake audits of her clinical records at defined intervals to ensure they are maintained in keeping with best practice. Ms Deighan was receptive to this advice.

It was concluded that Ms Deighan has made noticeable improvements with regards to client record keeping and was receptive to further guidance provided by RQIA during this inspection. It was therefore determined that the areas for improvement regarding the maintenance of client treatment records has been assessed at met.

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.

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements would be put in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Ms Deighan 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.

Ms Deighan told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Ms Deighan confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated May 2024 found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.11 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Deighan was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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 a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Ms Deighan confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Deighan confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Ms Deighan demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Deighan 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.

It was determined that suitable arrangements are in place to enable Ms Deighan to assure themselves of the quality of the services provided.

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 clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Deighan.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Deighan, Registered Person, as part of the inspection process and can be found in the main body of the report.



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