



**The Regulation and  
Quality Improvement  
Authority**

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Laser Solutions @ Aaromatica</b>
<b>Establishment ID No:</b>	<b>11031</b>
<b>Date of Inspection:</b>	<b>19 August 2014</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17378</b>

**The Regulation and Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Laser Solutions @ Aaromatica
<b>Address:</b>	343 Ormeau Road Belfast BT7 3GL
<b>Telephone number:</b>	028 9069 2500
<b>Registered organisation/ registered provider:</b>	Michelle Maria Deighan
<b>Registered manager:</b>	Michelle Maria Deighan
<b>Person in charge of the establishment at the time of inspection:</b>	Michelle Deighan
<b>Registration category:</b>	PT(IL) –Prescribed techniques or prescribed technology ; establishments using intense light sources.
<b>Date and time of inspection:</b>	19 August 2014 10.00 am -12.00 midday
<b>Date and type of previous inspection:</b>	Announced 25 February 2014
<b>Name of inspector:</b>	Winnie Maguire

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Healthcare Establishments, July 2014, measured during the inspection were met.

## **2.1 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.2 Method/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with Michelle Deighan, the registered provider/manager
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self-assessment is appended to this report.

### 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	10
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### 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSPPS Minimum Care Standards for Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 16 – Management and Control of Operations
- Standard 48 – Laser and Intense Light Sources

### 3.0 Profile of Service

Laser Solutions @ Aaromatica is on the first floor of a commercial building located in south Belfast close to local amenities and public transport. The establishment offers a range of services including:

#### **Intense Pulsed Light (IPL)**

Manufacturer: Ellipse  
Model: Light SPT intense pulsed light system  
Serial Number: 05030347

#### **Laser Protection Advisor (LPA)**

Dr Philip Dobson

#### **Laser Protection Supervisor (LPS)**

Ms Michelle Deighan

#### **Medical Support Services**

Dr Philip Dobson

#### **Authorised Users**

Ms Michelle Deighan

#### **Types of Treatment Provided**

Hair removal  
Photo rejuvenation  
Vasculature /thread veins  
Treatment of acne

On street car parking is available for clients and visitors.

Michelle Deighan is the registered person and manager since 2009.

Laser Solutions @ Aaromatica is registered as an independent hospital with the PT(IL) category of registration.

## 4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 19 August 2014 from 10.00 am to 12.00 midday. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were two recommendations made as a result of the previous annual announced inspection on 25 February 2014. Both recommendations had not been fully addressed and are restated within this report.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Michelle Deighan was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Ms Deighan collates the information from the questionnaires into a summary report. A recommendation was made to make this summary report available to clients and other interested parties in client guide.

Laser Solutions @ Aaromatica has a complaints policy and procedure in place which was found to be largely in line with the DHSSPS guidance and legislation. A recommendation is restated for the second time to amend the complaints procedure to reflect the role of RQIA as outlined in the DHSSPS guidance on complaints. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered person is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The establishment has a range of policies and procedures in place. A recommendation was made to update the policies and procedures to reflect

the published DHSSPS Minimum Care Standards for Independent Healthcare Establishments.

The establishment has systems in place to audit the quality of service provided as outlined in the main body of the report.

The inspector also reviewed incident management and found this to be line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

The inspector reviewed the policy and procedures in relation to whistleblowing. It was found to be in line with legislation and best practice.

The establishment did not have a written policy and procedure on the absence of registered manager. A recommendation was made on this matter.

The registered person undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

A Statement of Purpose and Client Guide were in place which largely reflected legislative and best practice guidance. A recommendation is restated for the second time to amend the statement of purpose and the client guide to reflect the role of the RQIA as outlined in the DHSSPS guidance on complaints.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis.

The laser protection advisor (LPA) and medical support certificate has expired. A requirement was made to provide evidence of current LPA and medical support services.

The establishment has an IPL register which is completed every time the equipment is operated. A recommendation was made to ensure the full name of the authorised user is recorded.

Six client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of a patch test and treatment provided.

A risk assessment had been updated by the establishment's LPA and all issues identified had been addressed.

Review of training records confirmed mandatory training was up to date. The authorised user has arranged to receive an update of training in the safe use and operation of the IPL equipment and core of knowledge in September 2014. Other staff working in the establishment, but not directly involved in the use of IPL equipment, have received laser safety awareness training.

The environment in which the IPL equipment is used was found to be safe and controlled. Protective eyewear was available for the client and operator as outlined in the local rules.

Laser safety warning signs are displayed when the IPL equipment is in use. The IPL equipment is operated using a keypad control system. Arrangements are in place for the safe custody of the IPL keypad control codes when not in use.

Systems were in place to service and maintain the IPL equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector. A laser safety file was in place.

The certificate of registration was clearly displayed in the reception area of the establishment.

One requirement and six recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Michelle Deighan and the staff of Laser Solutions @ Aaromatica for their hospitality and contribution to the inspection process.



## 5.0 Follow up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4	The registered manager should amend the statement of purpose and client guide as outlined in the main body of the report.	The statement of purpose and client guide has not been amended and the recommendation is restated in this report.	One	Not compliant
2	C5	The registered manager should amend the complaints procedure as outlined in the main body of the report.	The complaints procedure has not been amended and the recommendation is restated in this report.	One	Not compliant

## 6.0 Inspection Findings

<b>STANDARD 5</b>	
<b>Patient and Client Partnerships:</b>	<b>The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care</b>
<p>Laser Solutions @ Aaromatica obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment had completed a client satisfaction survey of 10 clients in January 2014. The results of the survey are reviewed by the registered manager and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The inspector reviewed the completed survey and found that clients were highly satisfied with the quality of care and treatment.</p> <p>The information received from the feedback questionnaires is collated into an annual summary report. A recommendation was made to make the summary report available to clients and other interested parties to read.</p>	

### **Evidenced by:**

**Review of client satisfaction surveys**

**Review of summary report of client satisfaction surveys**

**Summary report made available to clients and other interested parties**

**Discussion with staff**

<b>STANDARD 7</b>	
<b>Complaints:</b>	<b>All complaints are taken seriously and dealt with appropriately and promptly.</b>
<p>The establishment operates a complaints policy and procedure largely in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. A recommendation was restated for a second time to amend the complaints procedure to reflect the role of the RQIA as outlined in the DHSSPS guidance on complaints handling in regulated establishments and agencies. The registered person demonstrated a good understanding of complaints management.</p> <p>All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

**Evidenced by:****Review of complaints procedure****Complaint procedure made available to patients and other interested parties****Discussion with staff****Review of complaints records**

<b>STANDARD 9</b>	
<b>Clinical Governance:</b>	<b>Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.</b>
<p>The registered person ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered person and review of quality assurance arrangements confirmed that systems are in place to ensure that authorised user receives appropriate training when new procedures are introduced.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> <li>• Care record audit</li> <li>• Consent audit</li> <li>• Client survey audit</li> </ul> <p>Ms Deighan is the sole person directly involved in the provision of the IPL services. There are a range of policies and procedures which provide frameworks for the delivery of services. A recommendation was made to update the policies and procedures to reflect the published DHSSPS Minimum Care Standards for Independent Healthcare Establishments.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered person confirmed that no research is currently being undertaken within the establishment.</p>	

**Evidenced by:**

**Review of policies and procedures**  
**Discussion with registered provider/manager**  
**Review of monitoring reports**  
**Review of audits**  
**Review of incident management**  
**Review of research arrangements**

<b>STANDARD 16</b>	
<b>Management and Control of Operations:</b>	<b>Management systems and arrangements are in place that ensure the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment does not have a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days which includes the interim management arrangements for the establishment. A recommendation was made on this matter</p> <p>Review of the training records and discussion with the registered person confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Statement of Purpose and found it to be in line with the legislation. A recommendation is restated for a second time to amend the statement of purpose and the client guide to reflect the role of the RQIA in line with the DHSSPS guidance on complaints. The inspector was informed copies of the client guide had run out and were to be reprinted. An electronic version was available.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificate of registration was clearly displayed in the reception area of the premises.</p>	

**Evidenced by:**

**Review of policies and procedures**  
**Review of training records**  
**Review of Client Guide**  
**Review of Statement of Purpose**  
**Review of insurance arrangements**

**STANDARD 48****Laser and Intense Light Sources:**

**Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.**

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. 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 treatment provided and the individual requirements of the client.

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.

Clients are provided with written information on the specific IPL procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

IPL procedures are carried out by a trained operator in accordance with medical treatment protocols updated by Dr Philip Dobson on 20 February 2014. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

There was no written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The LPA and medical support certificate had expired. A requirement was made to provide evidence of a current LPA and medical support service for the establishment.

The establishment has local rules in place which have been updated by their LPA 20 February 2014.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities

- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during IPL treatments as recorded within the local rules.

A list of authorised users is maintained and the authorised user has signed to state that they have read and understood the local rules and medical treatment protocols.

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 (first name only recorded)
- The treatment given
- The precise exposure
- Any accident or adverse incident

A recommendation was made to ensure the full name of the authorised user is recorded in the IPL register.

Six client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA updated a risk assessment of the premises on 20 February 2014 and no recommendations were made.

The authorised user has arranged training in core of knowledge and the safe use and application of the IPL equipment in September 2014.

Review of the training records confirmed that the authorised user had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually (arranged )

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

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 controlled

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

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.

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 keypad control system. Arrangements are in place for the safe custody of the IPL keypad codes when not in use.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report dated 11 September 2013 was reviewed as part of the inspection process.

There is a laser safety file in place that contains all of the relevant information relating to the IPL equipment.

**Evidenced by:**

**Discussion with staff**  
**Review of policies and procedures**  
**Review of information provided to clients**  
**Review of local rules**  
**Review of medical treatment protocols**  
**Review of IPL register**  
**Review of client care records**  
**Review of LPA's risk assessment**  
**Review of staff personnel files**  
**Review of training records**  
**Review of premises and controlled area**  
**Review of maintenance records**  
**Review of Laser safety file**



## **7.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Michelle Deighan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

**Winnie Maguire**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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**Winnie Maguire**  
**Inspector/Quality Review**

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**Date**

**Quality Improvement Plan**  
**Announced Inspection**  
**Laser Solutions @ Aaromatica**  
**19 August 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Michelle Deighan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

**STATUTORY REQUIREMENT**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMES/CA
1	39	The registered manager must provide evidence of current LPA and medical support services for the establishment.  <b>Standard 48</b>	One	obtained from LPA DR Dobson (Philip)	One mor

**RECOMMENDATIONS**


These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research and recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMES
1	Standard 16	The registered manager should amend the statement of purpose and client guide as outlined in the main body of the report.  <b>Standard 16</b>	Two	<i>Amended</i>	One n
2	Standard 7	The registered manager should amend the complaints procedure as outlined in the main body of the report.  <b>Standard 7</b>	Two	<i>Amended</i>	One n
3	Standard 5	The registered manager should ensure a summary report of the findings of the client survey is made available to clients and other interested parties.  <b>Standard 5</b>	One	<i>completed</i>	Three i
4	Standard 16	The registered manager should devise a written policy and procedure on the absence of the registered manager as outlined in the main body of the report.  <b>Standard 16</b>	One	<i>completed</i>	Three i

5	Standard 9	The registered manager should update policies and procedures to reflect the DHSSPS Minimum Care Standards for Independent Healthcare Establishments.  <b>Standard 9</b>	One	<i>Completed</i>	Six m
6	Standard 48	The registered manager should ensure the full name of the authorised user is recorded in the IPL register.  <b>Standard 48</b>	One	<i>Completed.</i>	Immedi ongo

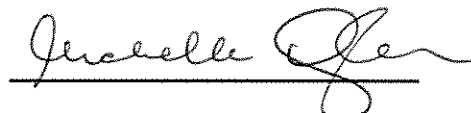
The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Winnie Maguire  
The Regulation and Quality Improvement Authority  
9th floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

SIGNED: 

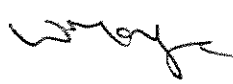
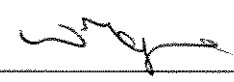
NAME: MICHELLE DEIGHAN  
Registered Provider

DATE 2/3/15

SIGNED: 

NAME: MICHELLE DEIGHAN  
Registered Manager

DATE 2/3/15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			18/3/15
B	Further information requested from provider		✓		18/3/15



**The Regulation and  
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**Pre-Inspection Self-Assessment  
Laser/IPL Service**

<b>Name of Establishment:</b>	<b>Laser Solutions @ Aromatica</b>
<b>Establishment ID No:</b>	<b>11031</b>
<b>Date of Inspection:</b>	<b>19 August 2014</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17378</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.0 Self-Assessment**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.



Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.







### 3.0 Self-Assessment Tool




#### Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		
Have any changes been made to the management structure of the establishment since the previous inspection?		
<b>Yes, please comment</b>		

#### Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?		
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?		
Do all policies and procedures contain the date of issue, date of review and version control?		
Are all policies and procedures ratified by the registered person?		
<b>No, please comment</b>		

#### Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?		
Are care records maintained for each individual client?		
Are arrangements in place to securely store client care records?		
<b>No, please comment</b>		

### **Patient Partnerships**

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	<input checked="" type="checkbox"/>	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	<input checked="" type="checkbox"/>	
No, please comment		

### **Medical Emergencies**

	YES	NO
Are arrangements in place to deal with medical emergencies?	<input checked="" type="checkbox"/>	
No, please comment		

### **Complaints**

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	<input checked="" type="checkbox"/>	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	<input checked="" type="checkbox"/>	
No, please comment		

## Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	✓	
No, please comment		

## Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between clients?	✓	
No, please comment		

## Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	NA	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	na	
<b>No, please comment</b> All treatments carried out by Michelle Deignan - Sole Laser operator		

### Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
<b>AUTHORISED USERS</b>	<b>YES</b>	<b>NO</b>
Core of knowledge training – within the past 5 year years	✓	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	✓	
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	✓	
<b>OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)</b>	<b>YES</b>	<b>NO</b>
Laser safety awareness training – annually	✓	
<b>If No, please comment</b>		

### Appraisal

	YES	NO
Does the establishment have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	✓	
<b>No, please comment</b>		

### Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
<b>No, please comment</b>		

### Lasers/IPL Service


	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report?	✓	
Has the establishment an up to date risk assessment undertaken by their LPA?	✓	
Does the establishment have up to date local rules in place?	✓	
Does the establishment have up to date medical treatment protocols in place?	✓	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	✓	
Does the establishment have arrangements in place for a medical support service?	✓	
Does the establishment have a list of authorised users?	✓	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	✓	
Does the establishment have protective eyewear in place, as outlined in the local rules?	✓	
Is the controlled area clearly defined?	✓	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	✓	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	✓	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	✓	
Does the establishment have a laser/IPL safety file in place?	✓	

Does the establishment have a laser/IPL register(s) in place?		
No, please comment		

## 4.0 Declaration

**To be signed by the registered provider or registered manager for the establishment.**

**I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.**

Name	Signature	Designation	Date
MICHELLE DEIGHAN		Registered manager	9/7/14.