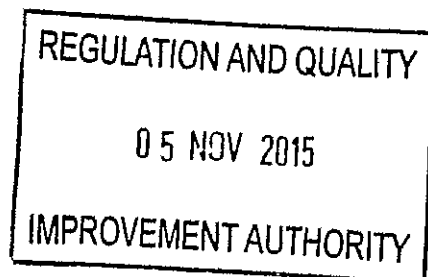


The Regulation and
Quality Improvement
Authority

Laser Solutions @ Aaromatica
RQIA ID: 11031
343 Ormeau Road
Belfast
BT7 3GL

Inspector: Winnie Maguire
Inspection ID: IN021394

Tel: 02890692500



**Announced Care Inspection
of
Laser Solutions @ Aaromatica**

28 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 28 July 2015 from 14.00 to 17.00. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments.

.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with the Michelle Deighan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Laser Solutions @ Aaromatica, Michelle Deighan	Registered Manager: Michelle Deighan
Person in Charge of the Establishment at the Time of Inspection: Michelle Deighan	Date Manager Registered: 21 September 2009
Categories of Care: 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 Class: 4

IPL Equipment not in use

Manufacturer: Ellipse
 Model: Light
 Serial Number: 03040310
 Laser class: 4

Laser Protection Advisor (LPA) - Lasermet; Irfan Azam

Laser Protection Supervisor (LPS) – Michelle Deighan

Medical Support Services – Dr Paul Myers

Authorised users – Michelle Deighan

Types of Treatment Provided – Hair removal
 Skin rejuvenation
 Vascular / thread veins
 Pigmentation

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration

4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Michelle Deighan registered person/manager and the only authorised user.

The following records were examined during the inspection:

- Six client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 19 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 19 August 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 39 Stated: First time	<p>The registered manager must provide evidence of current LPA and medical support services for the establishment.</p> <p>Action taken as confirmed during the inspection: Lasernet LPA and medical support services certificates with expiry dates of July 2016 are displayed in the reception area of the establishment.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 16 Stated: First time	<p>The registered manager should amend the statement of purpose and client guide as outlined in the main body of the report.</p> <p>Action taken as confirmed during the inspection: On review the statement of purpose and the client guide are in place and found to be in line with legislation.</p>	Met

Recommendation 2 Ref: Standard 7 Stated: First time	The registered manager should amend the complaints procedure as outlined in the main body of the report. Action taken as confirmed during the inspection: The complaints procedure has been amended to reflect legislation and DHSSPS guidance.	Met
Recommendation 3 Ref: Standard 5 Stated: First time	The registered manager should ensure a summary report of the findings of the client survey is made available to clients and other interested parties. Action taken as confirmed during the inspection: A summary report of the findings of the client survey is made available to clients and other interested parties in an information file located in the waiting area of the establishment.	
Recommendation 4 Ref: Standard 16 Stated: First time	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. Action taken as confirmed during the inspection: A written policy and procedure on the absence of the manager is in place.	Met
Recommendation 5 Ref: Standard 9 Stated: First time	The registered manager should update policies and procedures to reflect the DHSSPS Minimum Care Standards for Independent Healthcare Establishments. Action taken as confirmed during the inspection: All policies and procedures have been updated in July 2015 to reflect the DHSSPS Minimum Care Standards for Independent Healthcare Establishments.	

Recommendation 6 Ref: Standard 48 Stated: First time	The registered manager should ensure the full name of the authorised user is recorded in the IPL register.	Met
	Action taken as confirmed during the inspection: The full name of the authorised user is recorded in the IPL register.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with the registered person confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in a locked filing cabinet.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with the registered manager and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Laser Solutions @ Aaromatica obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and ten were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. There were no written comments from clients.

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the information file located in the waiting area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by the registered person and an action plan is developed and implemented to address any issues identified.

Is Care Compassionate?

Review of care records and discussion with the registered person confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. On review of incident records it was noted two incidents were complaints however the registered person had not viewed them as complaints. They had been recorded and actioned with in line with the incident policy and procedure.

Is Care Effective?

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

The registered manager demonstrated some understanding of complaints management.

As stated two complaints were dealt with as incidents and therefore review of the complaints register and complaints records evidenced that complaints were not documented or fully investigated and had not outcomes recorded in line with the complaints procedure and legislation.

A complaints audit is undertaken as necessary.

The complaints procedure is contained within the Client Guide; copies of which are available in the waiting area for clients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Areas for Improvement

The registered person must recognise and manage complaints in line with legislation and the establishment's complaints procedure.

Number of Requirements:	1	Number of Recommendations:	0
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5.6 Standard 48 - Laser and Intense Light Sources

Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 21 July 2016.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers; revalidated on 21 July 2015. 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

The establishment has local rules in place which had been developed by their LPA on 18 June 2015.

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

It was noted the local rules referred to two IPL machines one of which was not in use; IPL machine Ellipse Light - serial number 03040310. It was recommended the machine be removed and the local rules amended accordingly.

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

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

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 18 June 2015 and all recommendations made by the LPA have been actioned.

The authorised user has completed training in the safe use and application of the IPL equipment. The authorised user has undertaken Core of knowledge training over five years ago and an update in Core of Knowledge training is required to be undertaken.

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

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

Is Care Effective?

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

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); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

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 24 July 2015 was reviewed as part of the inspection process.

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

Is Care Compassionate?

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.

Areas for improvement

The authorised user must undertake an update in Core of knowledge training.

The IPL machine serial number 03040310 not in use should be removed from the treatment room and local rules amended accordingly.

Number of Requirements:	1	Number of Recommendations:	1
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5.7 Additional Areas Examined

5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

Review of incident management found that two incidents were documented, investigated and had outcomes recorded. However as previously stated in 5.5 these incidents were complaints and are required to be managed in line with legislation and the establishment's complaints procedure.

Audits of incidents are undertaken as necessary and learning outcomes are identified and disseminated throughout the organisation.

5.7.2 RQIA registration and Insurance Arrangements

Discussion with Michelle Deighan, registered person, regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the reception area of the premises.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michelle Deighan, registered person/manager 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 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.

5.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

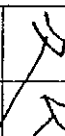



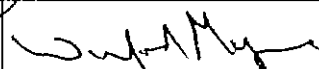
6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 23(3) (4) (7) Stated: First time To be Completed by: 28 August 2015	The registered manager must recognise and manage complaints in line with legislation and the establishment's complaints procedure. Ref: 5.5 Response by Registered Person(s) Detailing the Actions Taken: all complaints have been addressed and in line with legislation.
Requirement 2 Ref: Regulation 18(2) Stated: First time To be Completed by: 28 October 2015	The registered person/manager as an authorised user must undertake an update in Core of Knowledge training Ref: 5.6 Response by Registered Person(s) Detailing the Actions Taken: met. Core of Knowledge training carried out on 12/10/15 with Louise.
Recommendations	
Recommendation 1 Ref: Standard 48 Stated: First time To be Completed by: 28 August 2015	It is recommended that the registered person/manager should remove the IPL machine serial number 03040310 from the treatment room and the local rules should be amended accordingly. Ref: 5.6 Response by Registered Person(s) Detailing the Actions Taken: met - machine removed from treatment room and the local rules amended

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	5/11/15

Please ensure the QIP is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address

Michelle Deighan 4/10/15

Michelle Deighan 4/10/15

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.