

Inspection Report

17 May 2022



Laserway Laser Clinic

Type of service: Independent Hospital – Cosmetic Laser and Intense Pulse Light (IPL)
Address: 82 Lower Mill Street, Ballymena, BT43 5AF
Telephone number: 028 2563 8209

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

1.0 Service information

Organisation/Registered Provider: Cosmetic Laserworks Limited	Registered Manager: Ms Laura Wright
Responsible Individual: Ms Laura Wright	Date registered: 26 June 2016
Person in charge at the time of inspection: Ms Laura Wright	
Categories of care: (IH) Independent Hospital PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources (PD) Private Doctor – following this inspection	
Brief description of how the service operates: <p>Laserway Laser Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with the above categories. Laserway Laser Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Prior to this inspection a variation to registration application was submitted to RQIA by Laserway Laser Clinic to provide a private doctor (PD) category. A private doctor is a medical practitioner who does not have a substantive post in the Health and Social Care (HSC) sector in Northern Ireland (NI) or are not on the General Practitioner (GP) performers list in NI. Ms Wright told us that one private doctor has made application to provide skin aesthetic treatments in Laserway Laser Clinic.</p>	
Equipment available in the service: Laser equipment Manufacturer: Candela Max Model: Pro U Alexandrite Serial Number: 9914-0880-7943 Laser Class: Class 4	

Manufacturer: Candela Max
 Model: Pro U Alexandrite
 Serial Number: 9914-9030-17272
 Laser Class: Class 4

Manufacturer: Candella
 Model: Gentle Lase Pro
 Serial Number: 9914-9015-1420
 Laser Class: Class 4

Manufacturer: Alma
 Model: Harmony
 Serial Number: LV202322
 Laser Class: Class 4

Manufacturer: Candella Mini
 Model: Gentlelase
 Serial Number: 9914-0880-3150
 Laser Class: Class 4

IPL equipment

Manufacturer: Ellipse
 Model: Light
 Serial Number: 07060941
 Laser Class: IPL

Laser protection advisor (LPA)

Dr Godfrey Town (GCG Healthcare Ltd)

Medical support services

Dr Ross Martin

Laser protection supervisor (LPS)

Ms Laura Wright

Authorised operators

Ms Laura Wright
 Ms Rachel Hunter
 Ms Carlene McCord
 Ms Sasha Kinney

Type of laser treatments provided

- hair reduction
- photo-rejuvenation
- pigmented lesions
- tattoo removal
- skin rejuvenation including vascular and pigmented blemishes
- fractional ablative and non-ablative resurfacing
- acne

Type of IPL treatments provided

- hair reduction
- skin rejuvenation and acne treatment
- wrinkle reduction

Private Doctor treatments provided

- anti-wrinkle injections
- dermal filler
- fat dissolving injections
- PDO (polydioxanone) thread face lift

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 May 2022 from 2:00pm to 5.50pm.

The inspection focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection and to review the readiness of the establishment associated with the variation to registration application.

A desktop review of the medicines management sections of the variation to registration application was also undertaken by a pharmacist inspector who confirmed approval of this application from a medicine management perspective.

There was evidence of good practice concerning staff recruitment; authorised operator and PD training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control; the management of 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; providing the relevant information to allow clients to make informed choices; the management of the clients' care pathway; records management; practising privileges arrangements and governance arrangements.

Information has been gathered throughout the registration process. Scrutiny of this information means that the variation to registration to include a private doctor category was approved following this inspection.

A new certificate of registration will be issued to Ms Wright following the approval of the variation to registration application. Ms Wright was aware that the RQIA certificate of registration must be displayed in a prominent place.

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.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the submitted variation to registration application
- the statement of purpose
- the patient guide
- documentation in relation to laser safety

The information obtained is then considered before a determination is made on whether the practice 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 patient satisfaction surveys completed by Laserway Laser Clinic.

Posters were issued to Laserway Laser Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No client questionnaires were submitted to RQIA. One completed staff questionnaire was submitted to RQIA and the respondent indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. The staff member indicated that they were either satisfied or very satisfied with each of these areas of client care. They also provided an additional comment indicating they enjoyed working in Laserway Laser Clinic.

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 20 July 2021		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Standard 48.12 Stated: First time	The responsible individual must ensure that AccessNI enhanced disclosure checks are sought and reviewed prior to any authorised operators commencing work in the establishment.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.2.	

5.2 Inspection outcome

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

Ms Wright told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms Wright confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL equipment was maintained and kept up to date.

As previously discussed a medical practitioner is considered to be wholly PD if they do not have a substantive post in the Health and Social Care (HSC) sector in NI or are not on the General Practitioner (GP) performers list in NI. Ms Wright informed us that one PD will provide treatments in Laserway Laser Clinic on a monthly basis.

A review of the details of the PD evidenced the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided

- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed Responsible Officer
- arrangements for revalidation

Ms Wright confirmed that the PD is aware of his responsibilities under [GMC Good Medical Practice](#).

A review of training records evidenced that authorised operators have up to date training in core of knowledge training and application training for the equipment in use. The authorised operators and the PD have also completed basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm training in keeping with the RQIA training guidance. It was also confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had received laser safety awareness training.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment. Records reviewed demonstrated that there was a system in place to ensure that all staff received appropriate training to fulfil the duties of their role.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of clients

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

Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

Discussion with Ms Wright and review of the staff register demonstrated that there have been no new authorised operators recruited since the previous inspection. As previously discussed arrangements have been established for a PD to work in Laserway Laser Clinic.

The PD's personnel records were reviewed and evidenced that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, had been sought and were retained for inspection. An area for improvement had been made at the previous inspection to ensure that AccessNI enhanced disclosure checks are sought and reviewed prior to any authorised operators commencing work in the establishment.

Ms Wright confirmed that she was aware of this requirement and stated that this would be complied with should any new authorised operators be recruited in the future. It was determined that this previous area for improvement has been met.

The recruitment of authorised operators and the PD complies with the legislation and best practice guidance.

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

Ms Wright confirmed that laser/ IPL treatments or PD 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 Wright confirmed that all authorised operators and the PD are 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 Wright; the authorised operators and the PD have completed formal 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 both available for reference.

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?

Laserway Laser Clinic has a policy and procedure on dealing with medical emergencies.

Ms Wright demonstrated that the authorised operators and the PD were aware what action to take in the event of a medical emergency and that this has been discussed at staff meetings.

All authorised operators and the PD have received training in basic life support and basic medical emergency equipment is available including an automated external defibrillator (AED). Training records reviewed confirmed that the use of the AED was included in the medical emergency training.

Ms Wright was advised to review the protocols in place for the management of medical emergency given that PD services will be provided on the premises.

A medical emergency risk assessment should also be undertaken to establish the medical emergency medicines and equipment to be provided in the clinic. On 2 June 2022 RQIA received a copy of the medical emergency risk assessment which outlined the emergency medication and equipment to be in place and included the responsibilities of Laserway Laser Clinic staff to ensure these items are provided and do not exceed their expiry dates.

It was demonstrated 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 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 in all areas.

Two rooms are provided for the provision of laser and IPL treatments, one of the rooms will also be used by the PD. Both treatment rooms were clean and clutter free and were equipped and maintained to meet the needs of clients and staff. Discussion with Ms Wright 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, all authorised operators and the PD had up to date training in infection prevention and control.

It was demonstrated 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?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Wright who outlined the measures taken by Laserway Laser Clinic to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

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

5.2.7 How does the service ensure the environment is safe?

As previously discussed, Laserway Laser Clinic has two treatment rooms that are equipped to meet the needs of the service. Additional rooms are provided for storage and also for staff facilities. 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.

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 LPA. The service level agreement between the establishment and the LPA expires on 9 October 2022 and is to be reviewed on an annual basis.

The establishment's LPA most recent risk assessment of the premises was completed on 10 October 2021 and included the laser and IPL equipment in place; it was noted that no recommendations had been made by the LPA in this regard.

Up to date local rules 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.

Ms Wright told us 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 and contained the relevant information about the treatments being provided. Ms Wright confirmed that systems are in place to review the medical treatment protocols when these are due for renewal in October 2022.

When the laser and IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the laser protection supervisor (LPS). Ms Wright, as the LPS, has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

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.

All the laser and the IPL equipment are operated using a key. Arrangements are in place for the safe custody of the keys when not in use.

Protective eyewear is available for the client and operator as outlined in the local rules.

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

Ms Wright was aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

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.

Separate registers are in place for each of the lasers and the IPL equipment. Ms Wright told us that the registers are 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 laser and IPL equipment in line with the manufacturer's guidance. The most recent service reports of the laser and IPL equipment 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?

All 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 service has a list of fees available for each laser and IPL procedure and for the PD services.

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 (GP), with their consent, for further information if necessary.

The care records of four clients who had received laser/IPL treatments were reviewed, these records were retained in paper format. There was an accurate and up to date treatment record for every client which included:

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

Ms Wright informed us that the PD's client's records will be stored electronically and will include the same information as for clients receiving laser/IPL treatments. Ms Wright confirmed that she has permission to access the PD's client's records and plans to conduct an audit of clinical records on a regular basis. The clinical record audit findings will be recorded and shared with the PD and be available for inspection.

Observations made evidenced that all client records are securely stored in a locked filing cabinet within a locked room. Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

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

It was determined 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 Wright regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. All consultations and treatments are provided in a private room with the client and authorised operator or the PD 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

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

Review of the 2021 client satisfaction report found that clients were highly satisfied with the quality of treatment, information and care received. Ms Wright confirmed that future client satisfaction surveys will include feedback from clients attending the PD service.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Ms Wright is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser, IPL and PD 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 establishment is registered with the Information Commissioner's Office (ICO). Discussion with Ms Wright and review of the management of records policy confirmed that clients 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.

A copy of the complaints procedure was available in the establishment. Ms Wright confirmed that the authorised operators and PD have a good awareness of complaints management.

Ms Wright confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Ms Wright demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

Observation of insurance documentation confirmed that current insurance policies were in place.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Wright who advised that equality data collected will be managed in line with best practice.

5.3 Is the Statement of Purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The Statement of Purpose had been updated to reflect any changes detailed in the variation to registration application.

5.4 Is the Patient Guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Patient Guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Patient Guide had been updated to reflect any changes detailed in the variation to registration application.

6.0 Quality Improvement Plan/Areas for Improvement

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



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