

# Announced Care Inspection Report 6 November 2017



## Laserway Laser Clinic

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

**Address: 82 Lower Mill Street, Ballymena BT43 5AF**

**Tel No: 02825638209**

**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a cosmetic laser service providing treatments using laser and Intense Pulse Light (IPL) machines.

**Laser equipment**

Manufacturer: Candella  
 Model: Gentle Lase Pro  
 Serial Number: 9914-9015-1420  
 Laser Class: Class 4  
 Wavelength: 755nm

Manufacturer: Alma  
 Model: Harmony

Serial Number: LV202322  
Laser Class: Class 4

### **Intense Pule Light (IPL) equipment**

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

### **Laser protection advisor (LPA)**

Dr Godfrey Town

### **Medical support services**

Dr Ross Martin

### **Laser protection supervisor (LPS)**

Ms Laura Wright

### **Authorised operators**

Ms Laura Wright  
Ms Sian Curry  
Ms Emily Rowan  
Ms Rachel Hunter

### **Type of laser treatments provided**

- hair reduction
- photo-rejuvenation
- pigmented lesions
- tattoo removal
- skin rejuvenation including vascular and pigmented blemishes
- muscle pain
- pixel fractional skin resurfacing

### **Type of IPL treatments provided**

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

### 3.0 Service details

<b>Organisation/Registered Person:</b> Cosmetic Laserworks Limited Ms Laura Wright	<b>Registered Manager:</b> Ms Laura Wright
<b>Person in charge at the time of inspection:</b> Ms Laura Wright	<b>Date manager registered:</b> 21 June 2016
<b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### 4.0 Inspection summary

An announced inspection took place on 6 November 2017 from 09:50 to 11:50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These relate to laser and IPL safety; the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; effective communication between clients and staff; 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 areas of improvement were identified during the inspection.

All clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, and enhance practice and clients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

#### 4.2 Action/enforcement taken following the most recent pre-registration premises inspection dated 06 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 February 2017.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Laura Wright, registered person and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway

- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 06 February 2017

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

### 6.2 Review of areas for improvement from the last pre-registration care inspection dated 11 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time	The recruitment policy should be further developed to include that AccessNI enhanced disclosure checks must be undertaken and received prior to any new authorised users commencing work in the future. AccessNI enhanced disclosure checks must be handled in keeping with The AccessNI Code of Practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the recruitment policy evidenced that it refers the reader to a newly developed recruitment checklist. Review of the recruitment checklist evidenced that it outlines the procedure for undertaking and reviewing AccessNI enhanced disclosure checks to include that the check must be in place prior to commencing employment and it details the procedure for handling the check.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 3.0 <b>Stated:</b> First time	All authorised users must complete mandatory safeguarding training as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). Records of training must be retained for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that all authorised operators have completed safeguarding adults training. Ms Wright is aware that safeguarding adults refresher training should be completed every two years.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 1.7 <b>Stated:</b> First time	An advertising policy should be developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that an advertising policy that reflects best practice guidance has been developed.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

Discussion with Ms Wright confirmed that there is 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. Separate registers of authorised operators for each laser and IPL machine are maintained and kept up to date.

No new authorised operators have commenced employment since the previous inspection. Ms Wright confirmed that authorised operators recruited in the future would complete an induction programme and that records of induction would be retained.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, infection prevention and control and protection of adults at risk of harm. It was confirmed that the basic life support and fire safety awareness training for the authorised operators has recently expired and arrangements are in place to provide refresher training in these areas.

No support staff are employed in the establishment. Ms Wright is aware that should support staff be employed in the future they must undertake laser and IPL safety awareness training.

### **Recruitment and selection**

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

There was a recruitment policy and procedure in place.

### **Safeguarding**

Ms Wright was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Ms Wright confirmed that staff are aware of who the nominated safeguarding lead is within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies lacked detail. Ms Wright confirmed that the establishment does not provide laser or IPL treatments to persons under the age of 18. Ms Wright was advised that the safeguarding policies should include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Following the inspection a model adult safeguarding policy was forwarded to Ms Wright by email. On 9 November 2017 Ms Wright confirmed in an email that she had localised the model adult safeguarding policy and shared it with staff.

On the afternoon of the inspection the documents listed below were forwarded to Ms Wright by email:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)



## Laser and IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the 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 on 9 October 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 10 October 2016. Systems are in place to review the medical treatment protocols every three years. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The appointed LPA has completed separate risk assessments for each machine; these were all dated 10 June 2017. Review of the risk assessments evidenced that all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser and IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

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 door to the treatment rooms is locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

Both lasers are operated using a key and the IPL machine is operated using a keypad code. Arrangements are in place for the safe custody of the laser keys and IPL keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser and IPL equipment is in use and removed when not in use.

The establishment has separate registers for each laser and IPL machine. 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 report of the Candela Gentle Lase Pro laser was dated 15 October 2017; the reports for the Alma Harmony and the Ellipse IPL machines were dated 6 October 2017.

### **Management of emergencies**

As discussed, authorised operators training in basic life support has recently expired and arrangements are in place to complete refresher training. Ms Wright was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

### **Infection prevention and control and decontamination procedures**

The treatment rooms were clean and clutter free. 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, authorised operators have up to date training in infection prevention and control.

### **Environment**

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

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

It was confirmed that since the previous inspection the waiting area and treatment room one have been reconfigured to provide a larger treatment room. This reconfiguration involved the removal of and reinstallation of stud walls and electrical sockets. Ms Wright was advised that a variation to registration application should have been submitted to RQIA in respect of the internal reconfiguration and structural changes. On 8 November 2017 a variation to registration application and appropriate fee was submitted to RQIA. This variation is subject to review and approval by the estates team in RQIA.

### **Client and staff views**

Six clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- “Thoroughly talked through the procedure before agreeing.”
- “Staff are always on hand to explain treatment and method. Great hygiene and facilities.”
- “Staff very friendly and helpful.”
- “I trust the staff to ensure my safety.”

Two staff submitted questionnaire responses. Both indicated that they felt that clients are safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- “All safety measures are taken with every client.”
- “Training is renewed every three years to ensure clients safety and we clean the clinic daily.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment; induction; training; appraisal; adult safeguarding; laser and IPL safety; management of emergencies; infection prevention and control; risk management and the environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each 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, clients are asked to complete a health questionnaire. There are systems in place to contact the client’s general practitioner, with their consent, for further information if necessary.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

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

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

Review of records evidenced that Ms Wright had completed a self-assessment on the Information Commissioners Office (ICO) website the outcome of which was that the establishment was not required to register with the ICO.

## Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

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

Ms Wright confirmed that she listens to the views and opinions of staff and that staff meetings to include training are held every two months. Review of documentation demonstrated that minutes of staff meetings are retained.

## Client and staff views

All six clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. The following comments were provided:

- “Given detailed plan on aftercare and well looked after during treatment.”
- “Staff given realistic idea of efficacy and are great at explaining any concerns I have either instore or on phone.”
- “Fantastic results, over a long period-lasting results.”
- “Very pleased with results.”
- “Always book what I need and am provided with it.”

Both submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them, and were very satisfied with this aspect of care. The following comments were provided:

- “Always.”
- “We make sure everything is documented, to ensure the safety and quality of the treatment is right for the client.”

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

**Dignity respect and involvement with decision making**

Ms Wright confirmed that clients are treated with dignity and respect and that consultation and treatment is provided in private rooms 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.

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

Client satisfaction surveys are carried out by the establishment on a routine basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

**Client and staff views**

All six clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. The following comments were provided:

- “I always feel like I am in control of the treatment and I trust the friendly helpful staff.”
- “I feel very comfortable.”

Both submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect, and are involved in decision making affecting their care and were very satisfied with this aspect of care. The following comments were provided:

- “All of the above is carried out.”
- “We make sure the client is fully aware of the outcome and what to expect before proceeding with treatment.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance

There was a clear organisational structure within the establishment and Ms Wright confirmed that authorised operators were aware of who to speak to if they had a concern. Ms Wright also confirmed that there were good working relationships and that she is responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Ms Wright is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Ms Wright confirmed that the other authorised operators are aware of the policies and how to access them.

A copy of the complaints procedure was available in the establishment. Ms Wright demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with 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. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed, and where appropriate made available to key staff in a timely manner.

Ms Wright confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Ms Wright confirmed that the authorised operators are aware of who to contact if they had a concern.

Ms Wright, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Wright confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

## Client and staff views

All six clients who submitted questionnaire responses indicated that they felt that the service is well managed and were very satisfied with this aspect of the service. The following comments were provided:

- “Always reminded of appointments and let know well in advance if an appointment need to change.”
- “Rachel dealt with me throughout my treatments and she is excellent.”
- “I used to attend the Coleraine practice. When this closed I was informed and I remained with my consultant in the Ballymena practice.”

Both submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. The following comment was provided:

- “If I have any concerns, I know I have information available and can ask my manager and it will be resolved.”

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included, as part of this inspection report.



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