

Inspection Report

12 September 2023



Laserway Laser Clinic

Type of service: IH-Cosmetic Laser and Intense Pulsed Light service
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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Provider: Cosmetic Laserworks Limited	Registered Manager: Ms Laura Wright
Responsible Individual: Ms Laura Wright	Date registered: 16 January 2014
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	
Brief description of how the service operates: 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 and the PD service that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service:	
Laser equipment	
Manufacturer: 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

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 two care inspectors on 12 September 2023 from 10.00 am to 1.00 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

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

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

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

Five clients submitted responses. Client responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. A number of client responses included positive comments regarding their appreciation of the treatment they had received at the clinic and the welcoming and professional approach of the team.

Four staff submitted questionnaire responses. Staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of client care.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Laserway Laser Clinic was undertaken on 17 May 2022; no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe 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.

A medical practitioner is considered to be a 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 provides treatments in Laserway Laser Clinic on a regular pre-arranged 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 and safe application 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. The PD had also completed training in medicine management. It was demonstrated that all staff had completed training in accordance 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 had been one new authorised operator recruited since the previous inspection. A review of the new authorised operator's personnel file confirmed that they had been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 it is equipped to manage a safeguarding issue should it arise?

Ms Wright confirmed that laser, IPL 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.

As Laserway Laser Clinic provides a PD service a medical emergency risk assessment had been undertaken to establish the medical emergency medicines and equipment to be provided in the clinic. The risk assessment outlined the arrangements in place for the provision of emergency medication and equipment to be in place and included the roles and responsibilities of relevant 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 (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

Two treatment rooms are provided for the provision of laser and IPL treatments, one of the rooms is used by the PD on a pre-arranged date. 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. It was confirmed that waste management arrangements were in place that included the disposal of sharps.

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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Ms Wright who outlined the measures that taken by Laserway Laser Clinic to ensure current best practice measures are in place.

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

5.2.7 How does the service ensure the environment is safe?

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 laser protection advisor (LPA). The service level agreement between the establishment and the LPA expires on 9 October 2023 and is to be reviewed on an annual basis.

The establishment's LPA most recent risk assessment of the premises was completed on 6 June 2023 and included the laser and IPL equipment in place; any recommendations made by the LPA had been addressed.

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 on 9 October 2023.

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 each treatment room is locked when the laser or IPL equipment is in use, it was demonstrated that both treatment room doors can be opened from the outside in the event of an emergency.

All the laser machines are operated using a key and the IPL equipment is operated using a passcode. Arrangements are in place for the safe custody of the keys and passcode 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 confirmed that all authorised operators are 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.

A dedicated register was in place for each of the lasers and the IPL equipment. However, the laser registers were not named to align with individual laser machines by using the make and model type of each laser. As there are five laser machines in place, it was advised that naming a laser register 'Tattoo and Pixel' could lead to confusion. Ms Wright was receptive to this advice and confirmed that each laser register would be renamed to be clearly aligned to each individual laser machine.

A review of the registers evidenced that these are completed every time the equipment is operated and include:

- 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 safely operate the laser and IPL equipment. Taking steps to rename the laser registers to align with each laser machine will strengthen these arrangements.

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)

The PD's client's records are stored electronically and include the same information as for clients receiving laser/IPL treatments. Ms Wright confirmed that she has full access to the PD's client's records and conducts an audit of clinical records on six monthly basis and shares the findings with the PD. Ms Wright confirmed that no matters of concern have been identified in this regard.

Observations made evidenced that all paper 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 client treatment and care which complies with GMC guidance and Good Medical Practice.

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 policy for advertising and marketing was not yet in place, advice and guidance was provided to assist with this policy development. Ms Wright was aware of good advertising practice and agreed to implement a policy in this regard.

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.

A review of the clinic's feedback analysis 2023 client satisfaction report found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that arrangements are in place to ensure that clients are treated with dignity, respect and are involved in the decision making process.

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

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

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. A review of records confirmed that no complaints had been received since the previous inspection.

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

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

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 displayed in a prominent place.

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

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

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

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Wright. It was demonstrated that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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