



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Laserway Laser Clinic
Establishment ID No: 11990
Date of Inspection: 19 November 2014
Inspector's Name: Jo Browne
Inspection No: 18577

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

1.0 General Information

Name of establishment:	Laserway Laser Clinic
Address:	82 Lower Mill Street Ballymena BT43 3AF
Telephone number:	028 2563 8209
Registered organisation/ registered provider:	Liteworks Ltd Miss Imelda Marie Barrett
Registered manager:	Miss Imelda Marie Barrett
Person in charge of the establishment at the time of inspection:	Miss Imelda Barrett
Registration category:	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
Date and time of inspection:	19 November 2014 10.00 – 12.00
Date and type of previous inspection:	Pre-Registration Follow Up Inspection 13 November 2013
Name of inspector:	Jo Browne
Name of Medical Physics Advisor:	Dr Ian Gillan

2.0 Introduction

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

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

2.1 Purpose of the Inspection

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

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments

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

2.2 Method/Process

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

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

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered provider/manager, Miss Imelda Barrett
- Examination of records
- Consultation with clients and/or their representatives where applicable
- Tour of the premises
- Evaluation and feedback

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

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed client feedback questionnaires, issued by the establishment	35
Spoke with staff	2

2.4 Inspection Focus

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

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

3.0 Profile of Service

Laserway Laser Clinic is located within commercial premises in Ballymena town centre. The establishment is close to local amenities and transport routes.

Public car parking is available nearby for clients.

The establishment is fully accessible for clients with a disability.

A waiting area and toilet facilities are available for client use.

The establishment's Statement of Purpose outlines the range for services provided.

Alexandrite Laser

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

Ruby Laser – Currently not operational

Manufacturer:	Sharplan
Model:	5000 Epi Touch Ruby
Laser Class:	Class 4
Serial Number:	08-016
Output Wavelength:	694nm

Intense Pulsed Light (IPL)

Manufacturer:	Elipse
Model:	Light
Serial Number:	07060941

Laser Protection Advisor (LPA): Mr Irfan Azam, Lasermet

Laser Protection Supervisor (LPS): Miss Imelda Barrett

Medical Support Services: Dr Paul Myers, Lasermet

Authorised Users: Imelda Barrett
 Laura Wright
 Sian Curry
 Rachel Hunter

Types of Treatment Provided: Hair removal (Class 4 Laser)
Rosacea (IPL)
Vascular treatments (IPL)
Skin rejuvenation (IPL)
Acne treatments (IPL)
Skin pigmentation (IPL)

The establishment intends to use the Ruby Laser to undertake tattoo removal once the laser is operational.

Miss Imelda Barrett has been the registered provider/manager of the establishment since registration with RQIA on 16 January 2014.

Laserway Laser Clinic is registered as an independent hospital with the PT(L) and PT(IL) categories of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 19 November 2014 from 10.00 to 12.00, accompanied by Dr Ian Gillan (RQIA's Medical Physics Advisor). The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were two requirements and three recommendations made as a result of the previous follow up pre-registration inspection on 13 November 2013. Two requirements and one recommendation had not been fully addressed and are restated within this report.

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

Miss Imelda Barrett was available during the inspection and for verbal feedback at the conclusion of the inspection.

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

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Recommendations were made to include the date of completion on the client feedback questionnaires and to collate the information received into an annual summary report which should be made available to clients and other interested parties to read.

Laserway Laser Clinic has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person/manager displayed a good understanding of complaints management.

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

The establishment has systems in place to audit the quality of service provided as outlined in the main body of the report. The inspector offered advice on other audits which could be undertaken to monitor quality.

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

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

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

A Statement of Purpose and Client Guide were in place which reflected legislative and best practice guidance.

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

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

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

The establishment has IPL and laser registers which are completed every time the equipment is operated

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

A risk assessment had been undertaken by the establishment's LPA on 20 August and a requirement was made to ensure that issues identified are fully addressed.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the IPL/laser equipment. Other staff working in the establishment, but not directly involved in the use of IPL/laser equipment, have received laser safety awareness training.

The environment in which the IPL/Laser equipment is used was generally found to be safe and controlled, however a recommendation was made for the third time regarding the laser safety warning sign on treatment room 2.

A requirement was also made for the second time regarding the protective eyewear.

The IPL/Laser equipment is operated using either a key or keypad control system depending on the equipment. Arrangements are in place for the safe custody of the laser keys and keypad control codes when not in use.

Systems were in place to service and maintain the IPL/laser equipment. It was recommended that the engineer for the IPL equipment confirms the frequency of servicing in writing and make this available for inspection.

A laser safety file was in place.

The establishment had recently purchased a new Ruby laser and advice was provided by Dr Gillan regarding the laser as outlined in the main body of the report.

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

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

A laser protection report prepared by Dr Ian Gillan, RQIA's medical physics expert has been appended to this report and outlines any deficits in laser safety arrangements within the establishment.

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

The inspector would like to extend her gratitude to Miss Imelda Barrett and the staff of Laserway Laser Clinic for their hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	15 (2) (b)	Ensure the service history for the IPL equipment is forwarded to RQIA.	The service history of the IPL equipment was forwarded to RQIA following the inspection.	Two	Compliant
2	15 (2) (a)	Ensure that the protective eyewear for the IPL equipment is discussed and agreed with the LPA. Copy of the confirmation of approval from the LPA for the eyewear to be used must be forwarded to RQIA.	The protective eyewear available during the inspection is not in line with the LPA recommendation in the local rules. This requirement is stated for the second time within this report.	Two	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	P2.8	Ensure that the laser and IPL registers include all of the information outlined in the main body of the report and are fully completed by staff.	Review of the laser and IPL registers confirmed that they contained all of the information required.	Two	Compliant
2	P4.3	Ensure that a reversible or removable laser safety warning sign is displayed on the door to treatment room 2; as agreed with the clinic's LPA and outlined in the local rules.	This recommendation has not been addressed and is stated for the second time within this report.	Two	Compliant
3	P4	Ensure that the equipment inventory is updated when any laser or IPL equipment is changed and the LPA informed.	The equipment inventory was found to be up to date.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Laserway obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients and 35 were returned completed. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> • “Very professional service” • “Always professional and friendly, made to feel at ease” • “Really enjoy my Laserway experience every time I come. Really great service and friendly staff” • “Would recommend to anybody” • “Laura was fantastic, an asset to Laserway Ballymena Clinic” • “Please with results so far – more treatments booked” • “Great service” • “Excellent service” • “Laser specialists, very friendly and service was great” • “First class service at all times” • “Great care taken with treatment” • “Staff are very friendly and helpful have recommended to many people” <p>To enable the collation of the data from the client feedback questionnaires the inspector recommended including a section on the questionnaire for the date of completion to be recorded.</p> <p>It is also recommended that 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.</p>	

Evidenced by:

Review of client feedback questionnaires

Review of summary report of client satisfaction surveys

Summary report made available to clients and other interested parties

Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>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 provider/manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Client Guide. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

- Review of complaints procedure**
- Complaint procedure made available to clients and other interested parties**
- Discussion with staff**
- Review of complaints records**
- Review of the audit of complaints**

STANDARD 9	
Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
<p>The registered provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered manager and review of training records confirmed that systems are in place to ensure that staff receive appropriate training when new procedures are introduced.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> • Client feedback audit • Client care records <p>The inspector offered advice on other audits which could be undertaken by the establishment to monitor the quality of service provided.</p> <p>The registered provider/manager is involved in the day to day running of the establishment.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered provider/manager confirmed that no research is currently being undertaken within the establishment.</p>	

Evidenced by:

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

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered provider/manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Client Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment. Copies of the insurance certificates were forwarded to RQIA following the inspection which confirmed that appropriate insurance policies were in place. The certificate of registration was clearly displayed in the premises.</p>	

Evidenced by:

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

STANDARD 48	
Laser and Intense Light Sources:	Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.
<p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. The establishment has a list of fees available for each IPL and laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the treatment provided and the individual requirements of the client.</p> <p>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.</p> <p>Clients are provided with written information on the specific IPL and/or laser procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>IPL/laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 10 June 2014. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> • 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 <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The inspector reviewed the service level agreement between the establishment and the LPA which expires on 09 June 2015.</p> <p>The establishment has local rules in place which have been developed by their LPA on 20 August 2014.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> • The potential hazards associated with lasers • Controlled and safe access • Authorised operator's responsibilities • Methods of safe working 	

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

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

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

The establishment have IPL and laser registers which 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

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

The inspector advised the registered provider/manager to ensure that staff complete the section of the care records where clients confirm no changes have occurred since their previous treatment.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 20 August 2014 and some recommendations have not been fully addressed. It is required that all recommendations made by the LPA are fully addressed, signed and dated on completion by the LPS.

The authorised users have completed training in core of knowledge and the safe use and application of the IPL/laser equipment.

Review of the training records confirmed that all authorised users 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/laser equipment, had received laser safety awareness training.

The environment in which the IPL/laser 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/laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Treatment room 1 had an appropriate laser safety warning sign in place which could be removed when the equipment was not in use, as outlined in the local rules. It is recommended for the third time that a reversible or removable laser safety warning sign is displayed on the door to treatment room 2; as agreed with the clinic's LPA and outlined in the local rules.

The protective eyewear available for the IPL equipment remains different from that outlined by the LPA in the local rules. It is required for the second time that the protective eyewear is discussed and agreed with the LPA. When the matter has been resolved a copy of the LPA's confirmation of approval must be forwarded to RQIA and the local rules updated to include the eyewear approved by the LPA and available in the establishment. The equipment should not be used until the issues surrounding the protective eyewear have been resolved.

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

The IPL/laser equipment is operated using either key or keypad control system, depending on the piece of equipment. Arrangements are in place for the safe custody of the laser key and IPL keypad codes when not in use.

There are arrangements in place to service and maintain the equipment. The most recent service reports were not available for the IPL equipment during the inspection and were forwarded to RQIA following the inspection. It was recommended that the engineer for the IPL equipment confirms the frequency of servicing in writing to the registered provider/manager. This should be retained and made available for future inspections in the laser safety file. The inspector also advised including the installation certificate for the Candella Alexandrite laser in the laser safety file.

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

The clinic has recently purchased a Ruby laser which is currently not being used. Advice was given by Dr Gillan regarding the laser and the following should be addressed:

- Provide a copy of the user manual to the LPA to enable him to calculate the ocular hazard distance of the laser, the level of protection required from the protective eyewear and prepare the local rules and treatment protocols.
- Ensure the dust cap is placed on the end of the laser arm to prevent damage to the laser optics

- Ensure the engineer's installation certificate is retained in the laser safety file
- Ensure that training is provided on the use of the ruby laser and training certificates are retained by the establishment and available for inspection.
- Discuss with the LPA if ventilation is required with this laser due to plume produced and the size of the laser room.

A laser protection report prepared by Dr Ian Gillan, RQIA's medical physics expert has been appended to this report and outlines any deficits in laser safety arrangements within the establishment.

Evidenced by:

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

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Imelda Barrett as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

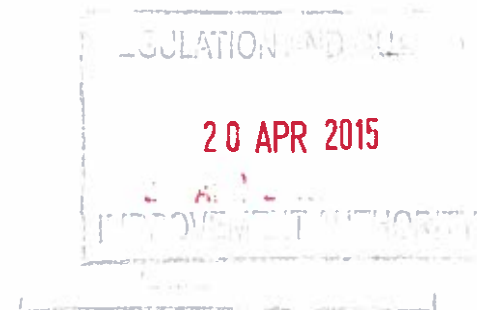
QUALITY IMPROVEMENT PLAN.

Quality Improvement Plan

Announced Inspection

Laserway Laser Clinic

19 November 2014



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

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

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	39 (2)	The registered provider/manager must ensure that all recommendations made by the LPA are fully addressed and signed and dated on completion by the LPS. Ref: Standard 48	One	<i>Jone</i> <i>immediately</i> <i>(Nov 2014)</i>	Within one month and ongoing
2.	39 (2)	Ensure that the protective eyewear for the IPL equipment is discussed and agreed with the LPA. Copy of the confirmation of approval from the LPA for the eyewear to be used must be forwarded to RQIA. The equipment should not be used until the issues around the protective eyewear have been resolved. Ref: Standard 48	Two	<i>Jone (Nov 2014)</i> <i>immediately</i> <i>(written confirmation requested from IFRA LPA - LASERMET)</i>	Immediately

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	48.20	The registered provider/manager should ensure that the engineer for the IPL Equipment confirms the frequency of servicing in writing and make this available for inspection. Ref: Standard 48	One	(agreed every Done 2 years) (March 2015)	Within one month

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5.1	The registered provider/manager should ensure that the date of completion is included on the client feedback questionnaires. Ref: Standard 5	One	<i>DONE (January 2015)</i>	Immediately and ongoing
2	5.2	The registered provider/manager should ensure that the information received from the client feedback questionnaires is collated into an annual summary report and made available for clients and other interested parties to read. Ref: Standard 5	One	<i>Done (January 2015)</i>	Within three months and ongoing
3	48.16	The registered provider/manager should ensure that a reversible or removable laser safety warning sign is displayed on the door to treatment room 2; as agreed with the clinic's LPA and outlined in the local rules. Ref: Standard 48	Three	<i>Done Immediately</i>	Within one month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	<i>Imelda Barrett</i>
Name of Responsible Person / Identified Responsible Person Approving QIP	<i>Imelda Barrett</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Browne</i>	<i>20/4/15</i>
Further information requested from provider			

20th November 2014

Ms J Browne
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Ms Browne

Laser Protection Report

Laserway, 82 Lower Mill Street, Ballymena

Introduction

This report summarises the main deficiencies in the Laser Protection arrangements which were noted during the inspection visit on 19th November 2014. The findings are based on the requirements of current legislation, relevant guidance notes and European Standards.

Deficiencies / Comments

PPE/Eyewear for IPL

As stated in the Lasernet site report the IPL protective eyewear available for both patients and staff differs from that detailed in the local rules. The clinic must discuss this matter with their Laser Protection Adviser (LPA) before the system is used. When this matter has been resolved a copy of their LPA's confirmation of approval for the eyewear to be used should be forwarded to RQIA.

Service Records

The service records for the IPL system were not available at the time of the inspection. Copies of these records should be forwarded to RQIA.

Controlled Area Sign for Laser Room

A controlled area sign is permanently attached to the entrance door of Treatment Room 2. The sign should be replaced with a sign which is only displayed during Laser sessions and removed or covered at the end of the treatment session. The arrangements for Treatment Room 1 are satisfactory.

Candella Alexandrite Laser

The clinic should place a copy of the engineer's installation certificate in the laser safety file.

Sharplan Ruby Laser

(i) Before this system is used the clinic has been requested by their LPA to provide a copy of the user manual. This will enable Lasetmet to calculate the ocular hazard distance of the laser and hence the level of protection required from the eyewear (PPE) and in addition prepare local rules & treatment protocols.

(ii) To prevent damage to the laser optics the dust cap should be placed on the end of the laser arm.

(iii) The clinic should place a copy of the engineer's installation certificate in the laser safety file.

(iv) After training is provided on the use of the ruby laser the training certificates should be retained by the clinic and made available during RQIA inspections.

When the above points have been corrected the clinic should notify RQIA.

A handwritten signature in blue ink that reads "Ian Gillan". The signature is written in a cursive, flowing style.

Dr Ian Gillan
Laser Protection Adviser to RQIA

Appendix 1

Laser / IPL Systems

Laserway, 82 Lower Mill Street, Ballymena

Alexandrite Laser

Manufacturer: Candella
Model: Gentle Lase pro
Serial Number: 9914-9015-1420
Output wavelength: 755nm
Laser Class: 4

Ruby Laser

Manufacturer: Sharplan
Model: 5000 Epi Touch Ruby
Serial Number: 08-016
Output wavelength: 694nm
Laser Class: 4

IPL System

Manufacturer: Ellipse
Model: Light
Serial Number: 07060941

Laser Protection Adviser

Irfan Azam, Lasermet