

# Inspection Report

## 23 September 2024



## Laserway Laser Clinic

Type of service: Independent Hospital - Cosmetic Laser / Intense Pulsed Light  
Address: 82 Lower Mill Street, Ballymena, BT43 5AF  
Telephone number: 028 2563 8209

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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

<p><b>Organisation/Provider:</b> Cosmetic Laserworks Limited</p> <p><b>Responsible Individual:</b> Ms Laura Wright</p>	<p><b>Registered Manager:</b> Ms Laura Wright</p> <p><b>Date registered:</b> 21 June 2016</p>
<p><b>Person in charge at the time of inspection:</b> Ms Laura Wright</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) Private Doctor (PD)</p>	
<p><b>Brief description of how the service operates:</b> Laserway Laser Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with the above categories.</p> <p>Laserway Laser Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Ms Wright advised that the PD service offered at Laserway Laser Clinic concluded during August 2024, therefore a review of the PD service did not form part of this inspection.</p> <p>Following the inspection, a variation to registration application was received by RQIA regarding the removal of the PD category from the current registration. This is awaiting approval.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment:</b> Manufacturer: Candela Model: Max Pro U (Alexandrite) Serial Number: 9914-9030-17272 Laser Class: Class 4 Wavelength: 755nm, 1064 nm</p> <p>Manufacturer: Candela **New Model: GentleMax Pro</p>	

Serial Number: 9914-9020-9024  
Laser Class: 4  
Wavelength: 755nm, 1064 nm

Manufacturer: Candela  
Model: GentleLase Pro  
Serial Number: 9914- 9015-1420  
Laser Class: 4  
Wavelength: 755nm, 1064 nm

**IPL equipment:**

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

**Multi-platform equipment:**

Manufacturer: Alma  
Model: Harmony  
Serial Number: LV202322  
Laser Class: 4  
Wavelength: Nd Yag: 1064 nm  
Hand pieces: i-Pixel-Q Switch (2940 nm)

It was confirmed that a new laser, the Candela GentleMax Pro, was installed during July 2024.

**Types 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

**Types of IPL treatments provided:**

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

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 23 September 2024 from 9.30 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; 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

Posters were issued to Laserway Laser Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Two 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. Clients commented on the clean facilities, comfort, care and attention provided.

Three staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients 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 patient care. One staff member response included comments. They commented on the support offered to staff by management.

## **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 12 September 2023; 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 is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. A certificate for fire safety awareness training was not available for one staff member and this was discussed with Ms Wright. Following the inspection evidence of the identified staff member's fire safety awareness training, dated 12 August 2024, was shared with RQIA.

Discussion with Ms Wright and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

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

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, 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 evidence of job descriptions and induction checklists for authorised operators.

Discussion with Ms Wright confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators 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 stated that laser and IPL 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 an adult safeguarding issue arise.

Advice and guidance was provided to Ms Wright to further develop the child safeguarding policy to include contact details for the regional gateway teams in the event of a safeguarding concern involving a child. Ms Wright agreed to action this.

Discussion with Ms Wright confirmed that she was 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, as the safeguarding lead, has completed formal level two 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 available for reference.

As a result of action taken following inspection, it was determined that 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?**

All authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency. There was a written protocol in place for dealing with recognised medical emergencies, including a laser injury to the eye.

It was determined 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. There two laser/IPL treatment rooms at Laserway Laser Clinic were found to be clean and clutter free. Discussion with authorised operators 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 had up to date training in IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

### **5.2.6 How does the service ensure the environment is safe?**

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 determined that appropriate arrangements were in place to maintain the environment.

### **5.2.7 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) 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 2024.

Local rules were in place which have been developed by the LPA. As discussed in section 1.0, a new laser had recently been acquired by Laserway Laser Clinic. Review of the local rules confirmed that they had been updated during August 2024, to reflect the new Candela GentleMax Pro laser.

The establishment's LPA completed a risk assessment of the premises during October 2023 and all recommendations made by the LPA have been addressed.

Ms Wright confirmed 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. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during October 2024. It was established that systems are in place to review the medical treatment protocols when due.

Ms Wright, as the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained.

It was identified that authorised operators had yet to sign to confirm they had read and understood the local rules and medical treatment protocols. This was brought to the attention of Ms Wright who agreed to action this as priority.

When the laser or IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

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

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

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.

It was confirmed that Laserway Laser Clinic has five registers, all clearly labelled for each piece of laser and IPL equipment in use.

Authorised operators told us that they complete the relevant section of the register every time the equipment is operated. All registers were reviewed and included:

- 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 for the laser and IPL equipment were reviewed.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

### **5.2.8 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?**

Ms Wright confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes.



The service 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 each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

A sample of client care records were reviewed. 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)

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

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

### **5.2.9 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. The consultation and treatment are provided in a private room 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.

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

Review of the most recent client satisfaction report, undertaken in 2023, found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

### 5.2.10 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the clinic, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Wright was in day to day management of the clinic, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser and IPL 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 patients 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 the Ms Wright to assure herself of the quality of the services provided.

**5.2.11 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.

**6.0 Quality Improvement Plan/Areas for Improvement**

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



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