

# Announced Care Inspection Report 23 November 2018



## Laserway Laser Clinic

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

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

**Tel No: 028 2563 8209**

**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

Laserway Laser Clinic is registered as an Independent Hospital (IH) with the following categories of care: 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. The establishment provides a range of cosmetic/aesthetic treatments using laser and IPL machines. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.

## **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 Scientific Consultancy)

## **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

## **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 23 November 2018 from 09:50 to 12:20.

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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified 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 included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Examples of good practice were evidenced in all four domains. These included the arrangements for staff recruitment; authorised operator training; adult safeguarding; laser and IPL safety; the management of medical emergencies; clinical records; the environment; infection prevention and control; 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 for improvement were identified during the inspection.

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 care inspection dated 6 November 2017

No further actions were required to be taken following the most recent inspection on 6 November 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 previous care inspection report

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. A returned completed staff questionnaire was analysed prior to and following 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

The findings of the inspection were provided to Ms Wright at the conclusion of the inspection.

## 6.0 The inspection

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

The most recent inspection of the establishment was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 06 November 2017

There were no areas for improvement made as a result of the last care inspection.

## 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, basic life support, fire safety awareness training and protection of adults at risk of harm.

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**

It was confirmed that laser or IPL treatments are not provided to persons under the age of 18 years.

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. Review of records demonstrated that Ms Wright, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

A policy and procedures were in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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 staff reference.

## **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 2019.

Laser and IPL 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 October 2018. 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 and IPL 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 26 October 2018; the reports for the Alma Harmony and the Ellipse IPL machines were dated 6 October 2017. The service level agreement for the Alma Harmony and the Ellipse IPL machines indicates that the machines require servicing by an engineer every three years.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Wright evidenced that she was aware 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 (CO2) fire extinguisher is available which has been serviced within the last year.

Arrangements are in place for maintaining the environment; records of servicing and maintenance were available in respect of portable appliance testing and the firefighting equipment.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to authorised operator training, arrangements in respect of future staff recruitment, adult safeguarding, laser and IPL safety, management of emergencies, infection prevention and control and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>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.**

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.

**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.

**Areas of good practice**

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and the authorised operator.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>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**

Discussion with Ms Wright regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is 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.

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

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. Some comments from clients included:

- “Very professional, great staff and treatment experience.”
- “Awesome, life changing, delighted with my treatment and a big thank you to the staff.”
- “Fantastic service, so reassuring and helpful.”

**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>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.

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.

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.

**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>Areas for improvement</b>	0	0

**6.8 Equality data**

**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.

**6.9 Client and staff views**

Five clients submitted questionnaire responses to RQIA. All five clients 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. No comments were included in the submitted client questionnaires.

One staff member completed the electronic questionnaire. The staff member indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led and that they were very satisfied with each of these areas of client care. No comments were included in the submitted staff questionnaire.

## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and  
Quality Improvement  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews