Laserway Laser Clinic
RQIA ID: 11990
82 Lower Mill Street
Ballymena
BT43 5AF

Tel: 028 2563 8209

Inspectors: Jo Browne
Stephen O'Connor
Inspection ID: IN022127

Announced Care Inspection
of
Laserway Laser Clinic

10 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 10 February 2016 from 09.55 to 11.50. On the day of inspection the standards in relation to dignity, rights and respect and complaints were found to be fully met in relation to safe, effective and compassionate care.

Issues of concern were identified in relation to the use of laser and Intense Pulse Light (IPL) equipment. Issues in relation to the safe use and operation of this equipment had been identified during previous inspections on 13 November 2013 and 19 November 2014. RQIA are concerned that the safeguards to protect and minimise the risk to clients and staff have been continuously compromised.

Following the inspection, RQIA served a failure to comply notice in relation to Laserway Laser Clinic in terms of Regulation 39 (2) of The Independent Health Care Regulations (Northern Ireland) 2005. Refer also to section 1.2 below.

The inspection also sought to assess the progress with the requirements and recommendations made during the last inspection. Requirements in relation to recommendations made by the Laser Protection Advisor (LPA) and the protective eyewear for the IPL equipment had not been fully met and these have been subsumed into a failure to comply notice. Recommendations made in relation to client feedback questionnaires, the annual client feedback summary report and confirmation of frequency of servicing for the IPL equipment had not been met and have been stated for the second time. A recommendation made in relation to laser safety warning signs had been fully met.

An Alma Harmony Class 4 Laser was observed. There was no evidence of medical treatment protocols, local rules or a risk assessment being undertaken by the LPA in respect of this laser. Documentation was also reviewed which referred to a laser service at Laserway Lisburn. This establishment is not registered with RQIA.

In light of the concerns regarding the Alma Harmony laser and that IPL and laser treatments may be provided at an unregistered establishment a serious concerns meeting was held on 16 February 2016 at the offices of RQIA. During this meeting the registered person confirmed that the Alma Harmony laser was operational from December 2015 without the appropriate documentation in place. The registered person agreed to ensure that local rules, medical treatment protocols and LPA risk assessment are developed and implemented. The registered person also confirmed that laser treatments were being provided in Laserway Lisburn and that an application to register this establishment would be submitted to RQIA.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

As outlined previously, issues in relation to the use of laser and Intense Pulse Light (IPL) equipment had also been identified during previous inspections.

RQIA are concerned that the safeguards to protect and minimise the risk to clients and staff have been continuously compromised. Following consultation with senior management in RQIA it was agreed, that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 16 February 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 23 March 2016.

A serious concerns meeting was also held on the 16 February 2016 in relation to the operation of the Alma Harmony laser and an unregistered establishment, Laserway Lisburn, providing laser and IPL services.

During this meeting the registered person confirmed that the Alma Harmony laser was operational from December 2015 without the appropriate documentation in place. The registered person agreed to ensure that local rules, medical treatment protocols and LPA risk assessment are developed and implemented. The registered person also confirmed that laser treatments were being provided in Laserway Lisburn and that an application to register this establishment would be submitted to RQIA.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	7

The details of the QIP within this report were discussed with staff at the time of the inspection and Imelda Barrett following the inspection. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Liteworks Ltd Imelda Barrett	**Registered Manager:** Imelda Barrett
Person in Charge of the Establishment at the Time of Inspection: Laura Wright	**Date Manager Registered:** 16 January 2014
Categories of Care: 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	

Laser Equipment

Manufacturer: Candella
Model: 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 Pulse Light (IPL)

Manufacturer: Elipse
Model: Light
Serial Number: 07060941

Cooler

Manufacturer: Zimmer
Model: Cryo 5
Serial Number: 797628

Laser Protection Advisor (LPA) – Dr Anna Bass (Lasermet)

Laser Protection Supervisor (LPS) – Imelda Barrett

Medical Support Services – Dr Paul Myers (Lasermet)

Authorised Users - Imelda Barrett, Laura Wright, Sian Curry and Emily Rowan

Types of Laser Treatment Provided – Hair removal, skin rejuvenation and tattoo removal

Types of IPL Treatment Provided – Vascular, skin rejuvenation, acne and skin pigmentation

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

The pre-inspection information and complaints return were not completed and forwarded to RQIA prior to the inspection.

The inspectors met with two authorised users.

The following records were examined during the inspection:

- Six client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 19 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 19 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 39 (2) **Stated:** First time	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.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: The LPA had undertaken a visit to the premises on 29 October 2015. However, the report which had been prepared by the LPA following their visit had not been received by the clinic. Subsequently, staff contacted the LPA and requested a copy of the report which was forwarded by email. A review of the report identified that the recommendations had not been addressed. This requirement has not been met and has been subsumed into a failure to comply notice.	
Requirement 2 **Ref:** Regulation 39 (2) **Stated:** Second time	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.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: The protective eyewear for the IPL equipment was observed to provide a lower level of protection than that recommended by the LPA in the local rules. In addition to this the protective eyewear for the Candella laser was noted to be damaged. There was no evidence that staff recognised the risk to patients and themselves from incorrect and damaged eyewear. This requirement has not been met and has been subsumed into a failure to comply notice.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 5.1 **Stated:** First time	The registered provider/manager should ensure that the date of completion is included on the client feedback questionnaires.	**Not Met**
	Action taken as confirmed during the inspection: Review of the completed client feedback questionnaires confirmed that this recommendation has not been met. This recommendation has been stated for the second time within this report.	
Recommendation 2 **Ref:** Standard 5.2 **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: There was evidence that a draft summary report had been commenced, however it had not been completed or made available for clients or other interested parties to read. This recommendation has not been met and has been stated for the second time within this report.	
Recommendation 3 **Ref:** Standard 48.16 **Stated:** Third time	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.	**Met**
	Action taken as confirmed during the inspection: Removable laser safety warning signs were displayed on both treatment room doors as outlined in the local rules. This recommendation has been fully met.	

Recommendation 4 **Ref:** Standard 48.20 **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: The servicing records or frequency of servicing confirmed by the IPL equipment engineer was not available on the day of inspection. This recommendation has not been met and has been stated for the second time within this report.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion regarding the consultation and treatment process, with the staff confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in locked filing cabinets.

Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with staff and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected and used by the establishment to make improvements to services.

Is Care Effective?

Laserway obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and 22 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

Some comments from clients included:

'Staff are incredibly helpful and friendly.'
'Great care taken with treatment.'
'Very helpful, gave me confidence again.'
'Always a pleasure. First class service at all times. I have recommended you to all friends and family. Won't go anywhere else.'
'Excellent service.'
'Pleased with results so far – more treatments booked.'
'Laura was excellent, an asset to Laserway Ballymena Clinic.'
'Staff very friendly and helpful have recommended to many people.'
'Would recommend to anybody, best money I've ever spent.'

It has been recommended for the second time that the date of completion is included on the client feedback questionnaires to enable accurate collection of data.

It has also been recommended for the second time 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. There was evidence of a draft summary report being commenced in April 2015; however this was never completed.

Is Care Compassionate?

Review of care records and discussion with staff confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

Areas for Improvement

The date of completion should be recorded on client feedback questionnaires.

An annual summary report of client feedback should be completed and made available for clients and other interested parties to read.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, staff confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with staff confirmed that information from complaints would be used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the establishment for completion prior to the inspection, however, this was not returned.

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.

Discussion with staff evidenced that they know how to receive and deal with complaints.

The complaints procedure is contained within the Client Guide; copies of which are available for clients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

The complainant is notified of the outcome and action taken by the establishment to address any concerns raised.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.6 Standard 48 - Laser and Intense Light Sources

Is Care Safe?

There were local rules, medical treatment protocols and a risk assessment available in the establishment for the Candella laser and the IPL equipment; however they had expired. A requirement was made to ensure the medical treatment protocols are reviewed on an annual basis. The LPS has overall responsibility for safety during laser and IPL treatments as recorded within the local rules for the Candella laser and IPL equipment.

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

Review of the training records confirmed that all authorised users had undertaken core of knowledge training. However one authorised user's application training for the Candella laser required to be updated. A requirement was made to address this.

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

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatments are being carried out. The door to the treatment rooms are locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency.

Laser safety warning signs are displayed when the laser and IPL equipment is in use and removed when not in use, as described within the local rules.

The Candella laser and IPL equipment are operated using keys. Arrangements are in place for the safe custody of the Candella laser and IPL keys when not in use.

A requirement was made during the announced inspection on 19 November 2014 to ensure that all recommendations made by the LPA are fully addressed. The LPA visited the premises on 29 October 2015. Following the visit updated medical treatment protocols, local rules and risk assessment; recommendations and record of the visit were forwarded by courier to the establishment. However, the documents were not delivered as the establishment was closed and subsequently they were returned to Lasermet. The establishment did not follow this up or request that the documents be resent until requested to do so by the inspectors. Copies of the local rules, risk assessment, LPA visit and recommendations were forwarded via email by Lasermet and were reviewed as part of this inspection.

It is disappointing to note that the most recent report prepared by the appointed LPA, which included their recommendations for the safe use and operation of a laser, had neither been received nor actions taken to address the recommendations contained within it.

Despite being raised at two previous inspections, the protective eyewear for the IPL equipment remains at a lower level of protection than recommended in the local rules by the LPA. In addition to this the protective eyewear being used with the Candella laser was damaged. During discussion with staff there was no evidence to confirm that they recognised that the issues identified with the protective eyewear posed a risk to both themselves and clients.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 16 February 2016 at the offices of RQIA. As a result both of these requirements were subsumed into a failure to comply notice. Compliance must be achieved by 23 March 2016.

To ensure that patient and staff safety is not compromised it is recommended that there are arrangements in place to ensure the most current version of the LPA documentation is available on site for staff reference and inspection.

An Alma Harmony Class 4 laser had been purchased following the previous inspection to provide laser tattoo removal and skin rejuvenation. No medical treatment protocols were in place for the use of this laser. As previously stated a requirement was made to ensure the medical treatment protocols are reviewed and updated on an annual basis and this must include all treatments provided by the new Alma Harmony laser.

Local rules in respect of the Alma Harmony Laser had not been developed by the LPA and a requirement was made to address this. It is also required that a risk assessment is undertaken by the LPA for the Alma Harmony Laser.

There was no evidence available to confirm that staff had received application training for the treatments provided using the Alma Harmony laser. However this has since been received by RQIA.

Documentation was reviewed which referred to a laser service at Laserway Lisburn. This establishment is not registered with RQIA. As a result of the concerns identified in relation to the Alma Harmony laser and that IPL and laser treatments may be provided at an unregistered establishment in Lisburn the registered person was invited to a serious concerns meeting which was held on 16 February 2016 at the offices of RQIA.

The registered person confirmed that the Alma Harmony laser was operational from December 2015 without the appropriate documentation in place. The registered person agreed to ensure that local rules, medical treatment protocols and LPA risk assessment are developed and implemented. The registered person also confirmed that laser treatments were being provided in Laserway Lisburn and that an application to register this establishment would be submitted to RQIA.

Areas for Improvement

Ensure that the most current version of LPA documentation is available on site for staff reference and inspection.

Ensure that authorised users have received application training for all laser and IPL equipment at least every five years.

Ensure the medical treatment protocols are updated annually and include all treatments provided by the Alma Harmony laser.

Local rules must be developed by the LPA in respect of the Alma Harmony laser.

A risk assessment must be undertaken by the LPA in respect of the Alma Harmony laser.

Number of Requirements:	**4**	**Number of Recommendations**:	**1**

Is Care Effective?

The establishment has laser and IPL 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

A copy of the laser register for the Alma Harmony laser was sent via email following the inspection.

Six client care records were reviewed and were found to contain the majority of the following information:

- 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)
- 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

A recommendation was made to ensure that client files are fully completed and that signed consent is obtained before providing treatment.

There was evidence of some clients having a patch test undertaken however this was not consistent throughout the files reviewed. Therefore, it has been recommended that a patch test is undertaken for all clients, prior to the commencement of treatment, as outlined in the medical treatment protocols.

Confirmation of the frequency of servicing for the IPL equipment was not available for review at the time of inspection. A recommendation has been made for the second time to address this.

Servicing records for the lasers and IPL equipment was not available and a requirement was made to ensure all equipment is serviced in line with the manufacturers' guidance and records retained.

A laser safety file is in place which contains all of the relevant information in relation to the Candella laser and IPL equipment.

A recommendation has been made that the equipment register is updated to reflect the lasers and IPL equipment, including their serial numbers, used within the establishment.

Areas for Improvement

Ensure client files are fully completed and that signed consent is obtained before providing treatment.

Ensure a patch test is undertaken before providing treatment in line with the medical treatment protocols.

Ensure the equipment register is updated to reflect the lasers and IPL equipment, including their serial numbers, used within the establishment.

Ensure that confirmation of the frequency of servicing for the IPL equipment is available for review at the time of inspection.

Ensure that the lasers and IPL equipment are serviced in line with the manufacturers' guidelines and records retained.

Number of Requirements:	**1**	**Number of Recommendations**:	**4**

Is Care Compassionate?

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.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.7 Additional Areas Examined

5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.7.2 RQIA Registration and Insurance Arrangements

Discussion with the registered person regarding the insurance arrangements within the establishment, following the inspection and review of documentation confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	**0**	**Number Recommendations**:	**0**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with staff during the inspection and with Imelda Barrett, registered person following the inspection. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on 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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 39 (1) **Stated:** First time **To be Completed by:** 10 May 2016	The registered person must ensure that the medical treatment protocols are reviewed on an annual basis and are updated to include all treatments provided by the Alma Harmony laser.
	Response by Registered Person Detailing the Actions Taken: Lasermet reviewed on 9th March. New protocols recieved.
Requirement 2 **Ref:** Regulation 18 (2) (a) **Stated:** First time **To be Completed by:** 10 April 2016	The registered person must ensure that authorised users have received application training for all laser and IPL equipment at least every five years.
	Response by Registered Person Detailing the Actions Taken: Lasermet confirms care of knowledge traning is what is actually required and completion of course imiment.
Requirement 3 **Ref:** Regulation 39 (2) **Stated:** First time **To be Completed by:** 10 May 2016	The registered person must ensure that local rules are developed by the LPA for the Alma Harmony Laser.
	Response by Registered Person Detailing the Actions Taken: Done March 9th by Lasermet. see laser file.
Requirement 4 **Ref:** Regulation 39 (2) **Stated:** First time **To be Completed by:** 10 May 2016	The registered person must ensure that a risk assessment is developed by the LPA for the Alma Harmony Laser.
	Response by Registered Person Detailing the Actions Taken: Done March 9th by Lasermet. See laser file.

Requirement 5 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be Completed by:** 10 April 2016	The registered person must ensure that the lasers and IPL equipment are serviced in line with the manufacturers' guidelines and records retained.
	Response by Registered Person Detailing the Actions Taken: See service records. Done.
Recommendations	
Recommendation 1 **Ref:** Standard 5.1 **Stated**: Second time **To be Completed by:** 10 March 2016	The registered provider/manager should ensure the date of completion is included on the client feedback questionnaires.
	Response by Registered Person Detailing the Actions Taken: Done see laser file. email was sent to RQIA.
Recommendation 2 **Ref:** Standard 5.2 **Stated:** Second time **To be Completed by:** 10 April 2016	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.
	Response by Registered Person Detailing the Actions Taken: Done see file.
Recommendation3 **Ref:** Standard 48.20 **Stated:** Second time **To be Completed by:** 10 March 2016	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.
	Response by Registered Person Detailing the Actions Taken: Engineer (Simon Lordle) confirmed. Servicing of this machine at 3 years confirmation is laser file.
Recommendation 4 **Ref:** Standard 48.4 **Stated:** First time **To be Completed by:** 10 February 2016	It is recommended that there are arrangements in place to ensure the most current version of the LPA documentation is available on site for staff reference and inspection.
	Response by Registered Person Detailing the Actions Taken: Done at front of laser file.

Recommendation 5 **Ref:** Standard 48.10 **Stated:** First Time **To be Completed by:** 10 February 2016	It is recommended that client files are fully completed and that signed consent is obtained before providing treatment. **Response by Registered Person Detailing the Actions Taken:** Reminders in Staff meeting and each file checked and recorded for updates.
Recommendation 6 **Ref:** Standard 48.10 **Stated:** First time **To be Completed by:** 10 February 2016	It is recommended that a patch test is undertaken for all clients, prior to the commencement of treatment, as outlined in the medical treatment protocols. **Response by Registered Person Detailing the Actions Taken:** Only in exceptional circumstances get to sign patch test waiver All others patch tested.
Recommendation 7 **Ref:** Standard 48.21 **Stated:** First time **To be Completed by:** 10 February 2016	It is recommended that the equipment register is updated to reflect the lasers and IPL equipment, including their serial numbers, used within the establishment. **Response by Registered Person Detailing the Actions Taken:** Done see laser file

Registered Manager Completing QIP	Imelda Bennett	**Date Completed**	27/4/2016
Registered Person Approving QIP	Imelda Bennett	**Date Approved**	27/4/2016
RQIA Inspector Assessing Response	STEPHEN O'CONNOR	**Date Approved**	03/05/2016

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address