

Announced Care Inspection Report 18 October 2019



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

Inspectors: Stephen O'Connor and Corrie Visser

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 PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL). 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

Since the previous inspection an additional laser machine has been provided, as follows:

Manufacturer: Candella Mini
Model: Gentlelase
Serial Number: 991408803150
Laser Class: Class 4

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
Ms Carlene McCord

Type of laser treatments provided

- hair reduction
- photo-rejuvenation
- pigmented lesions
- tattoo removal
- skin rejuvenation including vascular and pigmented blemishes
- fractional ablative and non-ablative resurfacing
- acne

Type of IPL treatments provided

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

3.0 Service details

Organisation/Registered Provider: Cosmetic Laserworks Limited	Registered Manager: Ms Laura Wright
Responsible Individual: Ms Laura Wright	
Person in charge at the time of inspection: Ms Laura Wright	Date manager registered: 21 June 2016
Categories of care: 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 18 October 2019 from 10:00 to 13:15.

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 evidenced in all four domains. These included the arrangements for 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.

One area for improvement against the regulations was made in relation to the ensuring AccessNI enhanced disclosure checks are undertaken, received and reviewed prior to any authorised operators commencing work in the establishment.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Laura Wright, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 28 November 2018

No further actions were required to be taken following the most recent inspection on 28 November 2018.

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 questionnaires was analysed prior to the inspection.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspectors met with Ms Laura Wright, responsible individual and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser and IPL 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, responsible individual, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2018

The most recent inspection of Laserway Laser Clinic was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 November 2018

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. A separate register of authorised operators for each laser and IPL machine is maintained and kept up to date.

Discussion with Ms Wright and review of documentation evidenced that one authorised operator has commenced employment since the previous inspection. Review of records evidenced that the newly recruited authorised operator had completed an induction programme. Additional information in regards to the recruitment of this authorised operator can be found in the recruitment section below.

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 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

As discussed, review of records and discussion with Ms Wright evidenced that one authorised operator has been recruited since the previous inspection. Review of the identified authorised operator's personnel file evidenced that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. However, it was identified that the authorised operator had commenced work during July 2019 and that the AccessNI enhanced disclosure check in respect of this staff member had not been received until September 2019, some 11 weeks after they commenced work.

Ms Wright confirmed that the identified authorised operator has been supervised at all times and to comply with the establishments professional indemnity cannot provide any laser or IPL treatments independently until January 2020. Ms Wright was advised that AccessNI enhanced disclosure checks must be sought and reviewed prior to any authorised operators commencing work in the future. An area for improvement against the regulations has been made in this regard.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

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 2020.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on 21 August 2019. Systems are in place to review the medical treatment protocols every three years. The medical treatment protocols contained the relevant information pertaining to the laser and IPL 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 7 June 2019. 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.

All three 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 three lasers and IPL machines were dated 1 March 2019.

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 uses. 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, adult safeguarding, laser and IPL safety, management of emergencies, infection prevention and control and the environment.

Areas for improvement

AccessNI enhanced disclosure checks must be received prior to any new authorised operators commencing work in the establishment.

	Regulations	Standards
Areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

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.

Audits

Discussion with 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. Ms Wright confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structure.

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.

	Regulations	Standards
Areas for improvement	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:

- “Great place, great people.”
- “All the girls are brilliant, lovely, friendly and really knowledgeable.”
- “Wouldn’t go anywhere else.”
- “The girls changed my life, no matter how cheesy that sounds they turned my skin around and in turn my life.”

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
Areas for improvement	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 authorised operators were aware of their roles and responsibilities and who to speak to if they had a concern. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Ms Wright is in day to day charge of the establishment, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Clients and/or their representatives were made aware of how to make a complaint by way of the client’s guide and information on display in the establishment.

Review of documentation and discussion with Ms Wright evidenced that no complaints have been received since the previous inspection. It was evidenced that appropriate arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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.

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, responsible individual and registered manager 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
Areas for improvement	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

Eleven clients submitted questionnaire responses to RQIA. All 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. Comments included in submitted questionnaire responses are as follows:

- “Treatment provided and care given is excellent.”
- “Made feel very welcome and comfortable.”
- “Great service and the staff really put you at ease.”

One staff member submitted a questionnaire response to RQIA. 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. The staff member indicated that they were very satisfied with each of these areas of client care. No comments were included in the submitted staff questionnaire response.

7.0 Quality improvement plan (QIP)

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Laura Wright, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2019</p>	<p>The responsible individual must ensure that AccessNI enhanced disclosure checks are sought and reviewed prior to any authorised operators commencing work in the establishment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Information received and advice implemented.</p> <p>I do feel that we did apply for the access NI and had a longer wait for approval than expected from no fault of our own. To employ someone in July and not have them on the premises to sept isn't cost effective; yes I think the umbrella organisation is to blame for the hold up. We won't be using this organisation in the future.</p>

Please ensure this document is completed in full and returned via Web Portal



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