



The Regulation and  
Quality Improvement  
Authority

**Blossom Cosmetic Laser Clinic**  
RQIA ID: 12120  
186 Rathgael Road  
Bangor  
BT19 1RT

**Inspector: Jo Browne**  
**Inspection ID: IN022115**

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**Tel: 028 9147 7073**

**Announced Care Inspection  
of  
Blossom Cosmetic Laser Clinic**

**2 September 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 2 September 2015 from 10.30 to 12.45. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. 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

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	4

The details of the QIP within this report were discussed with Mr Kieran Beattie, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Kieran Beattie t/a Blossom Cosmetic Laser Clinic Mr Kieran Beattie	<b>Registered Manager:</b> Mr Kieran Beattie
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mr Kieran Beattie	<b>Date Manager Registered:</b> 30 October 2014
<b>Categories of Care:</b> 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	

**IPL Equipment**

Manufacturer: Lumenis  
 Model: Aculight HR – SA 350100  
 Serial Number: 007-04545  
 Wavelength: 560nm & 695nm

**Laser Equipment**

Manufacturer: Not Marked  
 Model: Not Marked  
 Serial Number: YAG 31102  
 Laser Class: Class 4  
 Wavelength: 532nm & 1064nm

**Laser Protection Advisor (LPA)** - Mr Irfan Azam (Lasernet)

**Laser Protection Supervisor (LPS)** – Ms Julia Gultekin

**Medical Support Services** – Dr Paul Myers (Lasernet)

**Authorised Users** - Julia Gultekin, Lynn Burton, Nichola Hawes

**Types of IPL Treatments Provided** – Hair removal, skin rejuvenation & thread veins

**Types of Laser Treatments Provided** – Tattoo removal

**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:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mr Kieran Beattie, registered person.

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 follow up pre-registration care inspection dated 28 July 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 28 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 18 (2) (a)</b>	Evidence that each authorised user has completed the required mandatory training as outlined in the main body of the report, must be provided to RQIA prior to registration of the clinic.  <b>Ref: 6.0</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the mandatory training records confirmed that the authorised users had completed the required mandatory training at the point of registration and evidence was provided to RQIA. However update training is now required for all authorised users in basic life support and fire safety for the identified new authorised user. A requirement was made to address this within this report.	

<p><b>Requirement 2</b></p> <p>Ref: Regulation 15 (2) (b)</p>	<p>The clinic must provide copies of the most recent service reports for the IPL equipment and laser to RQIA. The service reports must be retained within the clinic and made available for inspection.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The most recent service reports for the IPL equipment and laser were reviewed during the inspection.</p>		
<p><b>Requirement 3</b></p> <p>Ref: Regulation 39</p>	<p>Ensure that the protective eyewear for the laser is discussed with the LPA and the local rules amended to match the eyewear available or new protective eyewear purchased as agreed with the LPA. All protective eyewear must be marked in line with EN 207.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The protective eyewear was reviewed during the inspection and found to be in line with the local rules and EN 207.</p>		
<p><b>Requirement 4</b></p> <p>Ref: Regulation 15 (7)</p>	<p>Ensure that systems are in place to decontaminate all equipment between client use.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This requirement is stated for the second time within this report.</p>		
<p><b>Requirement 5</b></p> <p>Ref: Regulation 21 (3) Schedule 3 Part II (3)</p>	<p>Ensure the laser wavelength used is recorded in the laser register to provide an accurate record of the treatment provided to the client.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the laser register confirmed that the wavelength used to provide treatment to the client was recorded.</p>		

<b>Requirement 6</b>  <b>Ref:</b> Regulation 25 (2) (d)	Ensure arrangements are in place to securely store the laser and IPL keys when the equipment is not in use.  <hr/> <b>Action taken as confirmed during the inspection:</b> The laser and IPL keys were observed to be stored securely when the equipment is not in use.	<b>Met</b>
<b>Requirement 7</b>  <b>Ref:</b> Regulation 19 (2) (d)	Ensure that all information required by Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained for the two new authorised users and all future authorised users prior to them commencing employment.  <hr/> <b>Action taken as confirmed during the inspection:</b> Review of the personnel file of the new authorised user confirmed that all information outlined in legislation was available with the exception of an enhanced AccessNI disclosure, which had been applied for. A requirement was made for the second time in this regard.	<b>Partially Met</b>

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion regarding the consultation and treatment process, with Mr Beattie 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.

#### 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 Mr Beattie 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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**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 in an anonymised format, summarised and used by the establishment to make improvements to services.

**Is Care Effective?**

Blossom Cosmetic Laser Clinic 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 118 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. No comments were recorded by clients.

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the reception area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by Mr Beattie and an action plan is developed and implemented to address any issues identified.

**Is Care Compassionate?**

Review of care records and discussion with Mr Beattie 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**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Standard 7 - Complaints

### Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However on review of the incident records one incident should have been recorded and dealt with under the complaints procedure.

Discussion with Mr Beattie confirmed that information from complaints is used to improve the quality of services.

### Is Care Effective?

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.

Review of the complaints register and complaints records evidenced that one complaint was not documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Advice was given on the management of 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.

### Areas for Improvement

All complaints must be well documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.6 Standard 48 - Laser and Intense Light Sources.

### Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 13 June 2016.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 14 June 2015. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:



- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 20 August 2014 and expire on 19 August 2015. There were arrangements in place for the LPA to visit the establishment shortly after the inspection to update these documents.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor within the clinic has changed and it the new LPS should sign the front of the updated local rules once received.

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

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

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 20 August 2014 and all recommendations made by the LPA have been addressed. An updated risk assessment will be completed following the scheduled LPA visit.

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

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Infection prevention and control annually

Basic life support training should be undertaken annually by all authorised users. Fire safety training should also be undertaken by the new authorised user.

All other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, should receive laser safety awareness training annually. This could be provided by 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 area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

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

Protective eyewear is available for the client and operator as outlined in the local rules. One pair of protective eyewear was observed to be damaged on the leg of the glasses. This was discussed with Mr Beattie who removed them from use. A replacement pair was already available.

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

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

Formal arrangements to decontaminate the laser and IPL equipment between client use should be in place and a written record of the decontamination retained.

### **Is Care Effective?**

The establishment has a laser and an IPL register 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

Correction fluid was observed to be used within the laser and IPL registers. All corrections should be made in line with best practice guidance and in such a way as the original entry can be seen.

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 (for IPL only); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

There was no record of a patch test being undertaken prior to the provision of laser tattoo removal; which should be recorded in line with the medical treatment protocols.

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 reports of 24 February 2015 were reviewed as part of the inspection process for the laser and IPL equipment. An engineer was present during the inspection servicing the IPL equipment.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

### **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**

All authorised users must have basic life support training and fire safety training must also be provided to the identified new authorised user.

Other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, should receive laser safety awareness training annually.

All corrections should be made in line with best practice guidance and in such a way as the original entry can be seen. Correction fluid should not be used.

Formal arrangements should be in place for the decontamination of the laser and IPL equipment.

Patch testing should be undertaken for all treatments in line with the medical treatment protocols.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## 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.

Review of incident management found that one incident should also have been recorded as a complaint. Advice was given on the management of incidents and complaints.

### 5.7.2 RQIA registration and Insurance Arrangements

Discussion with Mr Beattie regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.

### 5.7.3 Authorised User Personnel Files

The personnel file of an authorised user recruited since the last inspection was reviewed. The file contained all of the information required by legislation with the exception of an enhanced AccessNI disclosure. Mr Beattie stated that an enhanced AccessNI disclosure had been applied for but not received by the time of the inspection. Mr Beattie informed the inspector that the authorised user had been working in the establishment however they were supervised at all times. The requirement to have an enhanced AccessNI disclosure in place prior to the authorised user starting employment in the establishment was discussed with Mr Beattie and advice given regarding AccessNI and the legislation.

#### Areas for Improvement

All authorised users must have an enhanced AccessNI disclosure completed prior to commencing employment in the establishment.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Kieran Beattie as part of the inspection process. 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

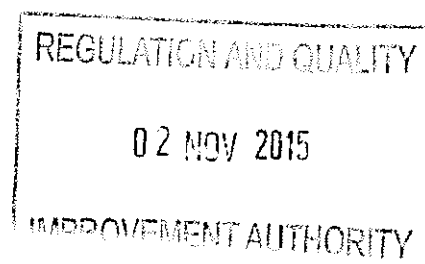
This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service,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

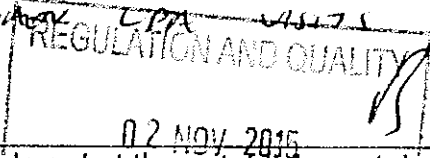

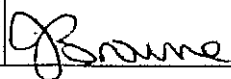
### 6.3 Actions Taken by the Registered Manager/Registered Person

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 RQIA's office (non- paperlite)** 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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 23 (1) (3) (7) <b>Stated:</b> First time <b>To be Completed by:</b> 2 September 2015	<p>The registered person must ensure that all complaints are well documented, fully investigated and have outcomes recorded in line with the legislation and complaints policy and procedure.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <i>We have a new complaints book where we document investigations and outcomes</i> <span style="float: right;">B</span></p>
<b>Requirement 2</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time <b>To be Completed by:</b> 2 November 2015	<p>The registered person must ensure that all authorised users complete the required mandatory training as outlined in the main body of the report.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <i>Fire Safety Training carried out 19/10/15</i> <span style="float: right;">B</span>  <i>Infection prevention and control carried out 12/10/15</i> <span style="float: right;">B</span>  <i>Basic life support checked for 19/12/15</i> <span style="float: right;">B</span></p>
<b>Requirement 3</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> Second time <b>To be Completed by:</b> 2 September 2015	<p>The registered person must ensure that arrangements are in place to decontaminate all equipment between client use.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <i>New solution introduced in IPL + LASER</i> <span style="float: right;">B</span></p>
<b>Requirement 4</b> <b>Ref:</b> Regulation 19 (2) (d) <b>Stated:</b> Second time <b>To be Completed by:</b> 2 November 2015	<p>The registered person must ensure that all information required by Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained for the two new authorised users and all future authorised users prior to them commencing employment.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <span style="display: block; text-align: center;"><i>Done</i> <span style="float: right;">B</span></span></p>



Recommendations			
<b>Recommendation 1</b> Ref: Standard 48.6 Stated: First time To be Completed by: 2 November 2015	It is recommended that the new LPS should sign the front of the updated local rules once received from the LPA.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> WILL BE DONE WITH LPA VISITS 		
<b>Recommendation 2</b> Ref: Standard 48.13 Stated: First time To be Completed by: 2 November 2015	It is recommended that other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, receives laser safety awareness training annually.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training carried out 14/10/15 R		
<b>Recommendation 3</b> Ref: Standard 8.2 Stated: First time To be Completed by: 2 September 2015	It is recommended that all corrections are made in line with best practice guidance and in such a way as the original entry can still be seen. Correction fluid should not be used.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff informed about the use of correction fluid R		
<b>Recommendation 4</b> Ref: Standard 48.10 Stated: First time To be Completed by: 2 September 2015	It is recommended that patch testing is undertaken for all treatments in line with the medical treatment protocols.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> PATCH TESTING FOR TATTOO REMOVAL STARTED R		
Registered Manager Completing QIP		Date Completed	20/10/15
Registered Person Approving QIP	,	Date Approved	
RQIA Inspector Assessing Response		Date Approved	2/11/15

\*Please ensure the QIP is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\*