

Inspection Report

30 August 2022



Ashburn Image

Type of service: Independent Hospital – Intense Pulse Light (IPL) service
Address: 1 Woodvale Road, Eglinton, BT47 3AH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Mrs Rosemary Wright t/a Ashburn Image	Registered Manager: Mrs Rosemary Wright Date registered: 13 February 2017
Person in charge at the time of inspection: Mrs Rosemary Wright	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: Ashburn Image is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources. Ashburn Image also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an IPL machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service: Since the last RQIA inspection the previous IPL equipment has been replaced with new IPL equipment as detailed below.	
IPL equipment: Manufacturer: Lumenis Model: Stellar M22 Serial Number: SN000491 Laser Class: IPL	
Laser protection advisor (LPA): Mr Simon Wharmby (Lasersafe)	
Laser protection supervisor (LPS): Mrs Rosemary Wright	
Medical support services: Dr Ross Martin	
Authorised operators: Mrs Rosemary Wright Ms Amparo de Lamon Ramiro	

Types of treatment provided:

- hair removal
- skin rejuvenation
- vascular problems

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 30 August 2022 from 10.30 am to 12.50 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; safeguarding; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Seven areas for improvement were identified against the standards. These were to ensure that authorised operators complete core of knowledge training every five years; local rules pertaining to the IPL equipment are in place; the LPA's risk assessment pertains to the IPL equipment in place; the medical treatment protocols pertain to the IPL equipment in place; authorised operators sign the local rules and medical treatment protocols; the protective eyewear provided complies with the local rules; and that a summative report to reflect the outcome findings of the patient satisfaction survey process for 2022 is made available for clients and other interested parties.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction survey completed by Ashburn Image.

Posters were issued to Ashburn Image by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Ashburn Image was undertaken on 17 December 2021; no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mrs Wright told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Wright confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

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

A review of training records evidenced that authorised operators have up to date training in application training for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was identified that both authorised operators had last undertaken core of knowledge training during 2016 and were due to undertake refresher training in 2021. During the previous inspection RQIA had been informed that the authorised operators would undertake refresher core of knowledge training when the new IPL equipment was installed. An area for improvement has been made against the standards to ensure all authorised operators complete core of knowledge training every five years in keeping with best practice guidance.

It was confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training on 25 January 2022.

Arrangements were in place to ensure staffing levels meet the needs of clients. Completion of core of knowledge refresher training by the authorised operators will further enhance client safety.

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

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

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Wright confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

The service had appropriate arrangements in place to ensure that recruitment procedures are safe.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Mrs Wright stated that IPL treatments are not provided to persons under the age of 18 years.

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

Discussion with Mrs Wright confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs 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 minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

All authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The IPL treatment room was clean and clutter free. Discussion with Mrs Wright evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in IPC.

The service had appropriate arrangements in place in relation to IPC and decontamination

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs Wright who outlined the measures taken by Ashburn Image to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The service has one IPL treatment room and access to storage rooms. 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.

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

5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained information in relation to IPL equipment.

There was written confirmation of the appointment and duties of a certified LPA. The service level agreement between the establishment and the LPA was reviewed and this expires on 20 June 2024.

Local rules were in place which had been developed by the LPA however the local rules related to the previous IPL equipment and not the Stellar M22 IPL machine. An area for improvement has been made against the standards to provide up to date local rules that detail the safe operation of the IPL equipment in place. A copy of the updated local rules should be provided to RQIA on submission of the QIP.

The establishment's LPA completed a risk assessment of the premises during June 2021 with no recommendations to address. However, it was noted that this risk assessment referred to the Stellar M22 IPL machine which was not installed in Ashburn Image until 2022. It was suggested that the risk assessment had the incorrect date. An area for improvement has been made against the standards to ensure the LPA's risk assessment is current and includes the Stellar M22 IPL machine. A copy of the current LPA risk assessment should be provided to RQIA on submission of the QIP.

Mrs Wright told us that IPL procedures are carried out following medical treatment protocols. Review of the medical treatment protocols confirmed these had been produced by a named registered medical practitioner and had expired during June 2022. It was also noted these treatment protocols referred to treatments using the previous IPL equipment and not the Stellar M22 IPL machine currently in use. An area for improvement has been made to ensure that up to date medical treatment protocols are in place relevant to the IPL equipment in place and the treatments being provided. An arrangement should be established for the continuous review of the medical treatment protocols by the named registered medical practitioner to ensure these do not expire.

An area for improvement has been made against the standards to ensure that authorised operators sign to state that they had read and understood both the updated local rules and the updated medical treatment protocols.

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

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

The environment in which the 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 room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear was available for the client and operator which offered the same level of protection as the protective eyewear outlined in the local rules. However as previously discussed the local rules need to be updated.

The LPS must ensure the protective eyewear in place is in accordance with the updated local rules. An area for improvement has been made against the standards in this regard.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mrs Wright confirmed that the authorised operators were aware that the laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

An IPL register was in place. Mrs Wright told us that the authorised operators complete the register every time the IPL equipment is operated. It was evidenced that the IPL register 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL was reviewed.

It was determined that the arrangements in place to operate the IPL equipment safely need strengthened. Addressing the areas for improvement identified will further strengthen the safe use of the IPL equipment in place.

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

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 service has a list of fees available for each 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 (GP), with their consent, for further information if necessary.

Three client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)

- record of treatment delivered including number of shots and fluence settings (where appropriate)

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

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.

The service has a policy for advertising and marketing which is in line with legislation.

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

5.2.10 How does the service ensure that clients are treated with dignity and respect and are involved in the decision making process?

Discussion with Mrs Wright regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

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

Mrs Wright told us that clients are encouraged to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. It was evidenced that a number of completed client questionnaires had been received by Ashburn Image however a summary report had not been provided. During the previous inspection we had also found that a summative report had not been made available to clients and advice and guidance was provided. An area for improvement has been made against the standards to ensure that a summative report to reflect the outcome findings of the patient satisfaction survey process for 2022 is made available for clients and other interested parties.

It was determined that arrangements were in place to ensure that clients are treated with dignity and respect and are involved in the decision making process. Addressing the area for improvement identified will further enhance these arrangements.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

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

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

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed and the date of issue provided. It was noted that all policies and procedures were issued in 2016 and Mrs Wright was advised to implement a system to ensure all policies and procedures are reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available and Mrs Wright evidenced a good awareness of complaints management. Mrs Wright was informed that RQIA has a new address and confirmed that the RQIA contact details would be updated in the complaints procedures.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mrs Wright demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

Review of the statement of purpose and client's guide identified that the entity of the establishment needed to be updated and RQIA's new address added. Mrs Wright confirmed that both documents would be updated accordingly.

The RQIA certificate of registration was displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed. It was demonstrated that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	7

Areas for improvement and details of the QIP were discussed with Mrs Wright, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.12 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure that all authorised operators complete core of knowledge training every five years.</p> <p>A copy of each authorised operator's most recent core of knowledge training certificate should be provided to RQIA on submission of this QIP.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Core of Knowledge training has been completed.</p>
Area for improvement 2 Ref: Standard 48.4 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall provide up to date local rules that outline the safe operation of the Stellar M22 IPL machine.</p> <p>A copy of the updated local rules should be provided to RQIA on submission of the QIP.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: Local rules are now ammended and up to date.</p>
Area for improvement 3 Ref: Standard 48.11 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure the LPA's risk assessment is current and includes the Stellar M22 IPL equipment; and any recommendations contained within the risk assessment are addressed.</p> <p>A copy of the current LPA risk assessment should be provided to RQIA on submission of the QIP.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: LPA risk assessment has been updated to include the Stellar M22 IPL equipment.</p>

Area for improvement 4 Ref: Standard 48.3 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure that the medical treatment protocols are relevant to the IPL equipment in place and the treatments being provided.</p> <p>An arrangement should be established for the continuous review of the medical treatment protocols by a named registered medical practitioner to ensure these do not expire.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Medical treatment protocols have been amended to include the Stellar M22 IPL equipment.</p>
Area for improvement 5 Ref: Standard 48.6 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure that authorised operators sign to state that they had read and understood the local rules and the medical treatment protocols pertaining to the IPL equipment in place.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Relevant forms have been signed.</p>
Area for improvement 6 Ref: Standard 48.17 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure that protective eyewear is provided in accordance with the local rules pertaining to the IPL equipment in place.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Protective eyewear is in place.</p>
Area for improvement 7 Ref: Standard 5.1 Stated: First time To be completed by: 30 September 2022	<p>The registered person shall ensure that a summative report to reflect the outcome findings of the patient satisfaction survey process for 2022 is made available for clients and other interested parties.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: A summary report has been completed and is available.</p>

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



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