

# Inspection Report

6 September 2023



## Ashburn Image

Type of service: Independent Hospital – Intense Pulse Light (IPL) service

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[www.rqia.org.uk](http://www.rqia.org.uk)

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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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Mrs Rosemary Wright t/a Ashburn Image   | <b>Registered Manager:</b><br>Mrs Rosemary Wright<br><br><b>Date registered:</b><br>13 February 2017 |
| <b>Person in charge at the time of inspection:</b><br>Mrs Rosemary Wright   |  |
| <b>Categories of care:</b><br>Independent Hospital (IH)<br>Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)  |  |
| <b>Brief description of how the service operates:</b><br>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)<br>Prescribed techniques or prescribed technology: establishments using intense light sources.<br><br>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.<br><br><b>Equipment available in the service:</b><br><br><b>IPL equipment:</b><br>Manufacturer: Lumenis<br>Model: Stellar M22<br>Serial Number: SN000491<br>Laser Class: IPL<br><br><b>Types of treatment provided:</b> <ul style="list-style-type: none"> <li>• hair removal</li> <li>• skin rejuvenation</li> <li>• vascular problems</li> </ul> |  |

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 6 September 2023 from 10.00 am to 1.00 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; authorised operator training; safeguarding; IPL safety; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; 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.

One area for improvement has been identified against the standards to ensure that each client's medical/health history and record of the skin assessment is documented.

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 client 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?

| Areas for improvement from the last inspection on 30 August 2022  |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>              |   | Validation of compliance |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 48.12<br><br><b>Stated:</b> First time  | The registered person shall ensure that all authorised operators complete core of knowledge training every five years.<br><br>A copy of each authorised operator's most recent core of knowledge training certificate should be provided to RQIA on submission of this QIP. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as met. Further detail is provided in section 5.2.1  |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 48.4<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 30 September 2022 | The registered person shall provide up to date local rules that outline the safe operation of the Stellar M22 IPL machine.<br><br>A copy of the updated local rules should be provided to RQIA on submission of the QIP.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as met. Further detail is provided in section 5.2.8  |                          |

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|---|--|-------------------|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 48.11</p> <p><b>Stated:</b> First time</p> | <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><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement has been assessed as met. Further detail is provided in section 5.2.8</p>                                    | <p><b>Met</b></p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 48.3</p> <p><b>Stated:</b> First time</p>  | <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><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement has been assessed as met. Further detail is provided in section 5.2.8</p> | <p><b>Met</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 48.6</p> <p><b>Stated:</b> First time</p>  | <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><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement has been assessed as met. Further detail is provided in section 5.2.8</p>   | <p><b>Met</b></p> |

|  |   |            |
|--|---|------------|
| <b>Area for improvement 6</b><br><b>Ref:</b> Standard 48.17<br><b>Stated:</b> First time | The registered person shall ensure that protective eyewear is provided in accordance with the local rules pertaining to the IPL equipment in place.   | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as met. Further detail is provided in section 5.2.8  |            |
| <b>Area for improvement 7</b><br><b>Ref:</b> Standard 5.1<br><b>Stated:</b> First time   | The registered person shall ensure that a summative report to reflect the outcome findings of the client satisfaction survey process for 2022 is made available for clients and other interested parties. | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as met. Further detail is provided in section 5.2.10   |            |

## 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 equipment 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 core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, has been met.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion it was 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.

There was evidence of job descriptions and induction checklists for authorised operators.

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

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

### **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.

A policy and procedure was in place for the safeguarding and protection of adults and children 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 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 level two 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 available for reference.

It was determined that 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 written protocol in place for dealing with recognised medical emergencies.

It was determined that 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 (IPC) 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.

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 had up to date training in IPC.

It was determined that 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?**

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mrs Wright who outlined the measures that taken by Ashburn Image to ensure current best practice measures are in place.

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

#### **5.2.7 How does the service ensure the environment is safe?**

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 (CO<sub>2</sub>) 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 the relevant information in relation to 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 28 March 2027.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the IPL equipment being used. It was determined that the previous area for improvement 2 made against the standards, as outlined in section 5.1, has been met.

The establishment's LPA completed a risk assessment of the premises during March 2023 and all recommendations made by the LPA have been addressed. It was determined that the previous area for improvement 3 made against the standards, as outlined in section 5.1, has been met.

Mrs Wright confirmed that IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during March 2024. It was established that systems are in place to review the medical treatment protocols when due. It was determined that the previous area for improvement 4 made against the standards, as outlined in section 5.1, has been met.

Mrs Wright, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols. It was determined that the previous area for improvement 5 made against the standards, as outlined in section 5.1, has been met.

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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. Mrs Wright confirmed that authorised operators are aware that the laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

The IPL machine is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules. It was determined that the previous area for improvement 6 made against the standards, as outlined in section 5.1, has been met.

Ashburn Image has an IPL register. Mrs Wright told us that the authorised operators complete the register every time the equipment is operated. The register reviewed included:

- 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL equipment were reviewed.

It was determined that appropriate arrangements were in place to operate the IPL equipment.

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

Mrs Wright confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, 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 the following information should be documented for each client.

- client details
- medical/health 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)

A review of three client care records identified that two client's records did not include each client's medical/health history and record of the skin assessment/consultation. This was discussed with Mrs Wright who was advised of the benefit of undertaking an audit of client records to assure herself that client records are being completed in keeping with best practice guidance. An area for improvement has been made against the standards against to ensure that each client's medical/health history and record of the skin assessment is documented.

It was also identified that client's general practitioner (GP) details are not recorded in keeping with legislative requirements. This was discussed with Mrs Wright who confirmed that client's GP details will be updated for all existing clients and documented in respect of each new client in the future.

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.

The service has a policy for advertising and marketing.

Addressing the identified area for improvement will strengthen the arrangements 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, 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 privately 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.

Mrs Wright told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. A review of records confirmed that an anonymised summary report in respect of the 2022 client satisfaction survey had made available to clients and other interested parties. It was determined that the previous area for improvement 7 made against the standards, as outlined in section 5.1, has been met.

Mrs Wright confirmed that the client satisfaction survey for 2023 will be completed in due course and an anonymised summative report made available. Mrs Wright also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

#### **5.2.11 How does the registered provider assure themselves of the quality of the services provided?**

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Wright was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Wright confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Wright confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mrs Wright demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Wright confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

RQIA's new address was shared with Mrs Wright who stated that all relevant documents would be updated in this regard.

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

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

It was determined that suitable arrangements are in place to enable Mrs Wright to assure themselves of the quality of the services provided.

#### **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 with Mrs Wright.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 1         |

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

| Quality Improvement Plan   |   |
|--|---|
| <b>Action required to ensure compliance with the <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a></b>      |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 48.10<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>6 September 2023 | The registered person shall to ensure that each client's medical/health history and record of the skin assessment is documented.<br><br>Ref: 5.2.9<br><br><b>Response by registered person detailing the actions taken:</b> |

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



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