



The Regulation and
Quality Improvement
Authority

Announced Care Inspection Report 14 March 2017



Belfast Cosmetic Laser Clinic

**Type of Service: Cosmetic Independent Hospital (IH) - Laser/IPL
Service**

Address: 7 Little Victoria Street, Belfast, BT2 7JH

Tel No: 02890242490

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Belfast Cosmetic Laser Clinic took place on 14 March 2017 from 10.30 to 12.45.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Observations made, review of documentation and discussion with Ms Jennifer Madden, registered manager, demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included laser/IPL safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. Two recommendations were made; one to ensure the authorised operator completes safeguarding training and one to ensure that a copy of the most recent service reports for the two identified lasers are provided to RQIA upon return of the quality improvement plan (QIP).

Is care effective?

Observations made, review of documentation and discussion with Ms Madden demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Madden demonstrated that arrangements are in place to promote client's dignity, respect and involvement in decision making. A recommendation has been made that a summary report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.

Is the service well led?

Information gathered during the inspection evidenced that there was, in the main, effective leadership and governance arrangements in place which creates a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A requirement was made to ensure a six monthly unannounced monitoring visit of the establishment is undertaken by the registered person or their delegated representative and one recommendation was made that copy a current employer's and public liability insurance certificate is provided to RQIA upon return of the QIP.

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 (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jennifer Madden, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Cosmetic Laser Clinic Ms Gely Castillo	Registered manager: Ms Jennifer Madden
Person in charge of the home at the time of inspection: Ms Jennifer Madden	Date manager registered: 25 August 2015
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	

Laser Equipment

Manufacturer: Candella
Model: Gentle Lase
Serial Number: 9914-0880-3150
Wavelength: 755nm
Laser Class: Class 4

Manufacturer: Candella
Model: Gentle YAG
Serial number: 9914-0950-0912
Wavelength: 1064nm
Laser class: Class 4

Manufacturer: M²
 Model: Alma Harmony
 Serial number: LV 200759
 Wavelength: Dependent on hand piece
 Laser class: Class 4 and IPL

Laser equipment on site not currently in use

Manufacturer: ISIS Medical Systems BV
 Model: Ruby Laser
 Serial number: 10909 RC15DR 9717
 Wavelength: 694nm
 Laser class: Class 4

Laser Protection Advisor (LPA) – Dr Godfrey Town

Laser Protection Supervisor (LPS) – Ms Jennifer Madden

Medical Support Services – Dr Godfrey Town

Authorised Operator- Ms Jennifer Madden

Types of Treatment Provided - Vascular, acne and pigmentation treatments, tattoo removal and skin rejuvenation.

3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed staff and client questionnaires.

During the inspection the inspector met with Ms Jennifer Madden, registered manager and authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 July 2015

The most recent inspection of the establishment was an announced follow-up pre-registration care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 July 2015

As above.

4.3 Is care safe?

Staffing

Ms Madden confirmed that laser and IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the laser and IPL machines reflects that Ms Madden is the only authorised operator.

It was confirmed that if any new authorised operators were recruited they would be provided with induction training.

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 and infection prevention and control. Ms Madden confirmed she was in the process of arranging refresher training in fire safety and basic life support. Following the inspection RQIA received an email from Ms Madden to confirm that this training had been sourced and dates confirmed for completion. Ms Madden also confirmed that she had not completed training in safeguarding adults and a recommendation was made in this regard.

At the time of the inspection there were no other staff employed at the establishment. Ms Madden confirmed that in the event of staff being employed, who are not directly involved in the use of laser/IPL equipment, laser safety awareness training would be provided.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Ms Madden confirmed that should authorised operators be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Ms Madden 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 Madden is the nominated safeguarding lead within the establishment.

As discussed, Ms Madden confirmed that she has not completed training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014, and a recommendation has been made to address this.

Review of documentation evidenced that the appointed laser protection advisor (LPA) have provided the establishment with separate child and adult protection policies. A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The following regional safeguarding documentation was forwarded to Ms Madden by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Ms Madden confirmed the laser and IPL service is not provided to persons under the age of 18 years.

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to laser/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 09 July 2107.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Godfrey Town on 10 June 2016. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the 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 IPL/ laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 10 June 2016 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser/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/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 laser/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 are locked when the laser/IPL equipment is in use but can be opened from the outside in the event of an emergency.

Both the laser and IPL machines are operated using a key. Arrangements are in place for the safe custody of the laser/IPL keys when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is 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 equipment is in use and removed when not in use.

The establishment has separate registers for the laser and IPL machines 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

Ms Madden confirmed there are arrangements in place to service and maintain the laser/IPL equipment in line with the manufacturer's guidance. A service report dated 06 January 2017 was available for the Candela Gentlase, however the most recent service report could not be located for the Candela Gentle YAG laser or the Alma Harmony laser. A recommendation has been made that a copy of these service reports are provided to RQIA upon return of the QIP.

It was noted that an additional laser machine, the Ruby Laser was provided. Ms Madden confirmed that this laser is missing some parts and therefore was not being used. On 24 March 2107 RQIA received a copy of correspondence from the appointed LPA which confirmed that the Ruby laser was not serviceable and was not being used.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Ms Madden confirmed 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 room was clean and clutter free. Discussion with Ms Madden 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 operator has 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.

Client and staff views

Four clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

The following comments were provided:

- 'Very clean, gloves worn, very nice staff.'
- 'Jennifer is very professional and I always feel in very safe hands.'
- 'Safe clean environment, lovely friendly staff.'

No staff questionnaire responses were received by RQIA.

Areas for improvement

Ms Madden as the authorised operator should complete refresher training in safeguarding adults.

A copy of the most recent service reports for the Candela Gentle YAG and the Alma Harmony lasers should be provided to RQIA upon receipt of the quality improvement plan (QIP).

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

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/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.

Four 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.

The establishment is registered with the Information Commissioners Office (ICO).

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.

Client and staff views

All four clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

The following comments were provided:

- 'Well confirmed information and service'
- 'I was very well informed before undertaking my treatment'
- 'Fantastic treatment'

No staff questionnaire responses were received by RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Ms Madden 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.

Client satisfaction surveys are carried out by the establishment routinely. Ms Madden confirmed that at the conclusion of a treatment cycle, clients are asked if they are satisfied with the treatment provided. The establishment also has a Facebook page and clients can comment and rate the service on Facebook. Ms Madden confirmed that she routinely reviews completed client satisfaction surveys and Facebook comments when necessary, and an action plan is developed to inform and improve services provided. However it was confirmed that a summary report detailing the main findings of the client satisfaction surveys has not yet been generated. A recommendation has been made to address this.

Client and staff views

All four clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses within this domain.

As previously stated no staff questionnaire responses were received by RQIA.

Areas for improvement

A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis and made available for clients.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Management and governance

There was clear organisational structure within the establishment and Ms Madden was able to describe her role and responsibilities and was aware of who to speak to if she had a concern.

Ms Madden is the nominated individual with overall responsibility for the day to day management of the establishment. Ms Madden confirmed that Ms Castillo, registered person, undertakes a visit to the premises once or twice a year and is in regular contact by telephone and electronic mail. However, as Ms Castillo is not in the establishment on a daily basis, in accordance with legislation, she must undertake an unannounced monitoring visit to the establishment on a six monthly basis. A written report of the visit should be prepared on the conduct of the establishment and be available in the establishment for inspection. A requirement has been made in this regard.

Policies and procedures were available outlining the arrangements associated with laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and Ms madden confirmed these were reviewed on an annual basis.

Discussion with Ms Madden demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Ms Madden demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

Discussion with Ms Madden confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since the previous inspection. 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.

Discussion with Ms Madden confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Ms Madden confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Ms Madden confirmed that she is aware of who to contact should she have a concern.

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

The employer's and public liability insurance certificate was not on display could not be located, a recommendation has been made that a copy of the current employer's and public liability insurance certificate is provided to RQIA upon return of the QIP.

Client and staff views

All four clients who submitted questionnaire responses indicated that they felt that the service is well managed.

The following comments were provided:

- 'Very good service.'
- 'I always enjoy treatments and feel very well looked after.'
- 'I was extremely impressed with the treatments I received and with the staff, extremely professional clinic.'

No staff questionnaire responses were received by RQIA.

Areas for improvement

The registered person must undertake an unannounced monitoring visit to the establishment on a six monthly basis. A written report of the visit should be prepared on the conduct of the establishment and be available in the establishment for inspection.

A copy of the current employer's public and liability insurance certificate should be provided to RQIA upon return of the QIP.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jennifer Madden, registered manager, 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 the IH-Cosmetic Laser/Intense Pulsed Light. 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 26 (4)

Stated: First time

To be completed by:
14 June 2017

Ms Gely Castillo, registered person, or a nominated representative should undertake a visit to the establishment on at least a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated.

Response by registered provider detailing the actions taken:

A monitoring visit has been scheduled for the purpose of quality management. Report will be forwarded to the R.Q.I.A. in due course.

Recommendations

Recommendation 1

Ref: Standard 15.3

Stated: First time

To be completed by:
14 June 2017

Ms Madden as the registered manager and authorised operator should complete safeguarding training.

Response by registered provider detailing the actions taken:

In house safeguarding training undertaken as per information forwarded to us by Carmel Mc Keegan.

Recommendation 2

Ref: Standard 48.20

Stated: First time

To be completed by:
8 May 2017

A copy of the most recent service reports for the Candela Gentle YAG laser and the Alma Harmony laser should be provided to RQIA upon return of the QIP.

Response by registered provider detailing the actions taken:

Reports sought.

<p>Recommendation 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2017</p>	<p>A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis and made available to clients.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Report completed + will be forwarded to RQIA</p>
<p>Recommendation 4</p> <p>Ref: Standard 16.13</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2017</p>	<p>A copy of the current employer's and public liability insurance certificate should be provided to RQIA upon return of the QIP</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Emailed already to Carmel McKeegan</p>

Name of registered manager/person completing QIP	JENNIFER MADDEN		
Signature of registered manager/person completing QIP	J. Madden	Date completed	1.6.17.
Name of registered provider approving QIP	GELY GERKA CASTILLO		
Signature of registered provider approving QIP	P.P. J. Madden	Date approved	1.6.17
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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