

Unannounced Care Inspection Report 28 March 2018



Belfast Cosmetic Laser Clinic

Type of Service: Independent Hospital (IH) - Cosmetic Laser and Intense Pulse Light (IPL) Service

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

Tel No: 02890242490

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Belfast Cosmetic Laser Clinic is registered as an Independent Hospital (IH) with the following categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L); Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL).

The establishment provides a range of cosmetic/aesthetic treatments using laser machines. It was confirmed during the inspection that the establishment is not currently providing treatments using an IPL machine.

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: Cynosure
Model: Picosure
Serial number: PIC00757
Wavelength: 755nm and 532nm
Laser class: Class 4

Laser equipment no longer present in the clinic

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

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

The person in charge confirmed that these two lasers had been permanently removed from the premises.

Laser Protection Advisor (LPA) – Dr Godfrey Town

Laser Protection Supervisor (LPS) – to be appointed

**Medical Support Services – Dr Ross Martin
Dr Godfrey Town
Dr Paul Myers**

Authorised Operator- Ms Imelda Barrett

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

3.0 Service details

Organisation/Registered Provider: Belfast Cosmetic Laser Clinic Responsible Individual: Ms Gely Gerka Castillo	Registered Manager: Position is vacant at present, awaiting application
Person in charge at the time of inspection: Ms Imelda Barrett	Date manager registered:
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An unannounced inspection took place on 28 March 2018 from 17.30 to 19.40.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

On 01 March 2018 Ms Gely Gerka Castillo, registered person, informed RQIA that she intended to close the Belfast Cosmetic Laser Clinic. Subsequently RQIA issued the voluntary cancellation of registration application to Ms Gerka Castillo on 08 March 2018 as requested. However on 21 March 2018 Ms Gerka Castillo notified RQIA by email that she intended to continue to operate the service.

RQIA made several attempts by telephone and email to contact Ms Gerka Castillo in order to arrange the annual announced care inspection which needed to be completed before 31 March 2018. RQIA did not receive a response from Ms Gerka Castillo, therefore an unannounced care inspection was scheduled for 28 March 2018.

On the morning of 28 March 2018, the premises were found to be closed, a phone call was made to the establishment and this call was answered by Ms Imelda Barrett. Ms Barrett stated that she had just recently been appointed as the clinic manager and agreed to facilitate an inspection at 17.30 hours on the same day.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if Belfast Cosmetic Laser Clinic was delivering safe care and to establish the management arrangements for the establishment.

Five areas of improvement were identified against the regulations. An area for improvement identified during the previous inspection in relation to the provision of six monthly monitoring visits of the establishment by the registered person or their delegated representative has not been met and is stated for the second time. The other four areas of improvement relate to ensuring the authorised operator completes training in keeping with RQIA's training guidance, that recruitment records are sought and retained for the identified staff member, that an

AccessNI enhanced disclosure check is completed for any new authorised operator and that the governance arrangements are reviewed and improved.

Six areas of improvement were identified against the standards. Two areas of improvement identified during the previous care inspection have not been met and these are stated for the second time. These relate to the provision of a service report for a laser and the completion of an annual client satisfaction survey and report. The other four areas of improvement are in relation to the verification of the service level agreement between the establishment and the laser protection advisor, the provision of up to date medical treatment protocols, ensuring an up to date laser safety file is in place and to ensure that all laser and IPL equipment is serviced and maintained in accordance with the manufacturer’s instructions.

Information gathered during the inspection evidenced some deficits in terms of leadership and governance arrangements. Areas reviewed included, laser safety arrangements for clients and staff, organisational and management arrangements, the arrangements for risk assessment reviews, the arrangements for dealing with incidents and alerts

The registered person must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified and ensure improvements are sustained.

The findings of the inspection was discussed with Lynn Long , senior inspector in RQIA, following which a decision was made to undertake a follow-up inspection in order to seek assurances that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Ms Gerka Castillo was informed by email that a follow-up care inspection will be undertaken to the Belfast Cosmetic Laser Clinic. Ms Gerka Castillo was also informed that laser treatments should not be provided until the follow up inspection has taken place.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	6

Details of the Quality Improvement Plan (QIP) were discussed with Ms Imelda Barrett, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with Ms Imelda Barrett, clinic manager and authorised operator.

The following records were examined during the inspection:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Ms Imelda Barrett at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 March 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 26 (4)	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	Not met

<p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Reports were not available to confirm that the registered person had undertaken a six monthly monitoring visit to the establishment. Ms Barrett was unable to confirm that a monitoring visit had been undertaken by the registered person as records could not be located.</p> <p>This area of improvement has not been met and is stated for a second time.</p>	
<p>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>Ms Madden as the registered manager and authorised operator should complete safeguarding training.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection Ms Madden had provided written verification to RQIA that she had completed safeguarding training.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 48.20</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Ms Barrett stated that the Alma Harmony laser is no longer used and has been removed from the establishment. A copy of the service report for the Candela Gentle YAG laser had not been provided to RQIA nor was a service report available for inspection.</p> <p>One element of this area of improvement has not been met and the relevant component is stated for a second time.</p>	<p>Not met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.2</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>	

Stated: First time		Not met
	<p>Action taken as confirmed during the inspection: The previous registered manager stated in the returned QIP that a client satisfaction survey would be completed and a copy of the summary report would be provided to RQIA.</p> <p>RQIA did not receive a copy of the patient satisfaction summary report following the previous inspection.</p> <p>Ms Barrett stated she had not found a summary report.</p> <p>This area of improvement has not been met and is stated for a second time.</p>	
Recommendation 4	A copy of the current employer's and public liability insurance certificate should be provided to RQIA upon return of the QIP	Met
Ref: Standard16.13 Stated: First time	<p>Action taken as confirmed during the inspection: A copy of the current employer's and public liability insurance certificate had been provided to RQIA on 4 May 2017.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Ms Jennifer Madden, the previous registered manager notified RQIA on 10 February 2018 that she was leaving the Belfast Cosmetic Laser Clinic and that her employment would end on 23 February 2018. Ms Madden was the only authorised operator and person working in the establishment.

On 28 March 2018 Ms Barrett confirmed that she had just commenced work in the clinic and that she would be submitting a registered manager application to RQIA in respect of Belfast Cosmetic Laser Clinic.

Ms Barrett confirmed that laser treatments will only be carried out by her as the only authorised operator and that she will update the register of authorised operators for the laser machines.

Ms Barrett stated that she had previously worked as a registered manager in another establishment and was familiar with the role and responsibilities; Ms Barrett was advised to complete a record of induction in relation to the Belfast Cosmetic Laser Clinic.

Authorised operator training requirements were discussed with Ms Barrett who confirmed that she needed to undertake refresher training in some areas. Ms Barrett requested information in respect of authorised operator training requirements. An email was sent to the Belfast Cosmetic Laser clinic on 03 April 2018 stating that all authorised operators should have up to date training in the core of knowledge, application training for each type of treatment provided, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm. Training guidance is also provided on the RQIA website.

An area of improvement has been made against the regulations to ensure that authorised operators complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – cosmetic laser services.

Recruitment and selection

As previously stated, Ms Barrett had been recruited since the previous inspection; she is the only authorised operator and will be making application to be the registered manager. No recruitment records were available for Ms Barrett.

Ms Barrett stated that the establishment will not be operational for a few weeks as planned refurbishment work is to be completed. Ms Barrett confirmed that laser treatments would not be provided until the work has completed. Ms Barrett was advised that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, should have been sought and retained prior to commencement of her employment.

Discussion took place in relation to the provision of an up to date AccessNI enhanced disclosure check, advice and guidance was provided in this regard. An AccessNI enhanced disclosure check had not been completed in respect of Ms Barrett. An area of improvement has been made in this regard.

An email was sent to the Belfast Cosmetic Laser clinic on 03 April 2018 outlining the recruitment records to be retained. An area for improvement has been made against the regulations that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in respect of the authorised operator.

Safeguarding

Discussion took place in relation to safeguarding adults at risk of harm. Ms Barrett was informed of her responsibilities as the clinic manager in this regard. Ms Barrett was informed that as the safeguarding lead for the establishment she needs to complete formal level 2 training in safeguarding adults at risk of harm. As discussed, an area for improvement has been made in relation to training requirements.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm and these will be reviewed at the next inspection. Ms Barrett was advised that copies of regional guidance documents had been provided to the establishment by email following the previous inspection.

Ms Barrett confirmed that the laser and IPL service will not be provided to persons under the age of 18 years.

Laser/IPL safety

A laser safety file was in place however not all of the relevant information in relation to the laser equipment provided in the establishment was in place and this is discussed further in this section of the report.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA), however it was not clear when the service level agreement between the establishment and the LPA had last been reviewed. An area of improvement has been made against the standards in this regard.

Ms Barrett stated that laser procedures will only be carried out by herself as the only authorised operator in accordance with medical treatment protocols.

Medical treatment protocols were provided by Dr Ross Martin on 15 July 2017 for the Cynosure Picosure laser and contained the relevant information pertaining to the treatments being provided. These medical treatment protocols are due for review on 14 May 2020.

Medical treatment protocols were provided by Dr Paul Myers in 2014 in relation to the Candela Gentle Lase laser and the Candela Gentle YAG laser which contained relevant information pertaining to the treatments provided. Ms Barrett stated that there were more recent medical treatment protocols for these two lasers which had been provided by Dr Godfrey Town; however these were not available for review at the time of this inspection. An area for improvement has been made against the standards to ensure that up to date medical treatment protocols in respect of each laser and the relevant treatments are retained in the laser safety file.

Local rules were in place that had been developed by the LPA. It was confirmed that the local rules contained the relevant information pertaining to the all the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 15 May 2017 and recommendations made by the LPA have been addressed. Ms Barrett confirmed she would inform the LPA that there was now only one treatment room and that the Alma Harmony and Ruby lasers have been removed from the premises.

The previous registered manager had been the appointed laser protection supervisor (LPS) and had overall responsibility for safety during laser treatments. Ms Barrett confirmed that she will be appointed as the new LPS and will inform the LPA of the internal changes in relation to this issue. Ms Barrett is aware that the local rules will need to be updated to reflect that she is the LPS.

The laser safety file should be updated to include the identity of the LPS, an up to date list of authorised operators, up to date medical treatment protocols for all equipment and respective treatments and that all authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols. An area of improvement has been made against the standards in this regard.

Ms Barrett was advised to retain all information relevant to the lasers and IPL machines in the laser safety file.

Ms Barrett stated that she has not used the laser equipment since commencing work in the clinic and demonstrated she was knowledgeable and aware that when the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Two treatment rooms had previously been in operation, as previously discussed, two laser machines have been removed from the premises and the existing three laser machines were located in one treatment room.

The environment in which the laser equipment will be used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room can be locked when the laser equipment is in use but can also be opened from the outside in the event of an emergency.

Each laser machine equipment is operated using a key. Arrangements are in place for the safe custody of the laser 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. A laser safety warning sign was available, Ms Barrett confirmed the safety warning sign would be displayed when the laser equipment is in use and removed when not in use.

A laser register was provided in respect of each of the three laser machines, the relevant register had been completed every time the equipment had been operated and included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

Ms Barrett confirmed that there are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. A service report dated 06 April 2017 was provided for the Cynosure Picosure laser, however service reports for the Candela Gentle Lase and Candela Gentle YAG lasers were not available. An area of improvement against the standards has been made to ensure all laser and IPL equipment are serviced and maintained in accordance with the manufacturer's instructions. A detailed record of all servicing and repairs should be retained.

Management of emergencies

Discussion with Ms Barrett confirmed she was aware what action to take in the event of a medical emergency. Ms Barrett agreed to complete training in basic life support and an area for improvement has been made in relation to authorised operators training requirements.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Ms Barrett 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. Ms Barrett agreed to complete up to date training in infection prevention

and control. An area for improvement has been made in relation to authorised operators training requirements.

Environment

The premises were maintained to a fair standard of maintenance and décor. As discussed, the establishment will be closed for a number weeks to facilitate refurbishment work. Ms Barrett confirmed that cleaning schedules for the establishment would be implemented on completion of this work.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher was available which has been serviced on 28 March 2018.

Areas of good practice

The establishment has not been operational since the 23 February 2018 and has just appointed a new manager. It was not possible to identify areas of good practice at this time.

Areas for improvement

Authorised operators should complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) – cosmetic laser services.

Recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be provided in respect of the newly recruited authorised operator.

An AccessNI enhanced disclosure check must be completed prior to commencement of employment for any authorised operator and must be completed in respect of the newly recruited authorised operator.

A copy of the service level agreement between the establishment and the appointed laser protection advisor (LPA) to include timescales should be submitted to RQIA upon return of the QIP.

Ensure that up to date medical treatment protocols in respect of each laser and the relevant treatments are retained in the laser safety file.

The laser safety file should include all of the relevant information in relation to the laser and IPL equipment.

Ensure all laser and IPL equipment are serviced and maintained in accordance with the manufacturer's instructions. A detailed record of all servicing and repairs should be kept and available for inspection.

	Regulations	Standards
Total number of areas for improvement	3	4

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

Ms Barrett is the only authorised operator and person working in this establishment. Ms Barrett has been recently recruited as the clinic manager and she confirmed that she would be submitting a registered manager application to RQIA in respect of Belfast Cosmetic Laser Clinic.

At the time of the inspection Ms Gely Gerka Castillo, registered person, was the nominated individual with overall responsibility for the day to day management of the service.

RQIA has attempted to correspond with Ms Gerka Castillo, by telephone and by email on several occasions however this has been unsuccessful. Ms Gerka Castillo as the registered person must be accessible to RQIA for providing information in relation to the operation and management of the establishment.

On the day of this inspection, Ms Barrett confirmed that she was unable to access the establishment computer and was therefore unable to access electronic communications for the establishment. Ms Barrett stated that this problem would be resolved in the immediate future. Ms Barrett confirmed that she was able to contact Ms Gerka Castillo by telephone should she require any information.

On 24 April 2018, the inspector contacted the establishment by telephone and spoke with Ms Barrett who confirmed that was still unable to access the computer and had not received any of the information that RQIA had provided by email on 03 April 2018 in relation to this inspection. Ms Barrett confirmed that the clinic remained closed for refurbishment work and she had arranged for an ICT engineer to enable her to have access the clinic's emails account.

Lack of communication with the registered person meant that RQIA was unable to establish if urgent communications, safety alerts and notices are reviewed and where appropriate made available to key staff in a timely manner. Ms Barrett confirmed she would inform the registered manager of this concern.

As discussed, an area of improvement had been made at the previous inspection that the 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. This area of improvement had not been met and is stated for a second time.

Information requested by RQIA has been not submitted within specified timeframes nor has there been adequate information provided to RQIA regarding the management and oversight arrangements for the establishment.

Information gathered during the inspection evidenced some deficits in terms of leadership and governance arrangements. Areas reviewed included, laser safety arrangements for clients and staff, organisational and management arrangements, the arrangements for risk assessment reviews, the arrangements for dealing with incidents and alerts.

A significant number of areas of improvement have been made to address the deficits identified including an area of improvement against the regulations and two areas of improvement against the standards which have not been addressed and have been stated for a second time.

Ms Gerka Castillo must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified and ensure improvements are sustained. An area for improvement has been made against the regulations in this regard.

The findings of the inspection was discussed with Lynn Long, senior inspector in RQIA, following which a decision was made to undertake a follow-up inspection in order to seek assurances that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Ms Gerka Castillo was informed by email on 03 April 2018 that an announced follow-up inspection will be undertaken at the Belfast Cosmetic Laser Clinic. Ms Gerka Castillo was also informed that laser treatments should not be provided until the follow up inspection has taken place.

The RQIA certificate of registration was up to date and displayed appropriately.

Insurance documentation was not available however Ms Barrett provided a copy of the insurance documents to RQIA.

Areas of good practice

There were no examples of good practice found throughout the inspection in relation to governance arrangements.

Areas for improvement

The current governance and oversight arrangements should be reviewed to ensure that any future arrangements address the issues identified and ensure improvements are sustained.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Imelda Barrett, clinic manager and were sent by email to Ms Gely Gerka Castillo, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 26 (4) Stated: Second time To be completed by: 30 May 2018	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 Ref: 6.2 & 6.5 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 18 (2) (a) Stated: First time To be completed by: 30 May 2018	Authorised operators should complete training in keeping with RQIA's training guidance for Independent Hospitals (IH) cosmetic laser services. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 19 (2) Schedule 2	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained in respect of the recently recruited authorised operator.

<p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that An AccessNI enhanced disclosure check is completed prior to commencement of employment for any authorised operator and must be completed in respect of the newly recruited operator</p> <p>Ref: 6.4</p>
<p>To be completed by: 30 May 2018</p>	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified and ensure improvements are sustained.</p> <p>This should include, but is not exclusive to, addressing any areas of improvement made, the submission of information requested by RQIA in a timely manner and overarching quality assurance and governance arrangements.</p> <p>Ref: 6.5</p>
<p>To be completed by: 30 May 2018</p>	<p>Response by registered person detailing the actions taken:</p>
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 48.20</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2018</p>	<p>A copy of the most recent service report for the Candela Gentle YAG laser should be provided to RQIA upon return of the QIP.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</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> <p>Ref: 6.2</p>
<p>To be completed by: 30 May 2018</p>	<p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 3</p> <p>Ref: Standard 48.6</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>A copy of the service level agreement between the establishment and the appointed laser protection advisor (LPA) to include timescales should be submitted to RQIA upon return of the QIP.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Standard 48.3</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that medical treatments protocols for all treatments using laser and intense pulse light machines are available in the establishment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48.21</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that a laser safety file is in place which contains all of the relevant information in relation to the laser and IPL equipment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 6</p> <p>Ref: Standard 48.20</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure all laser equipment is serviced and maintained in accordance with the manufacturer's instructions. A detailed record of all servicing and repairs should be kept and available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>

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



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