



**Carleton Laser Clinic**  
RQIA ID: 12257  
Lismore House  
23 Church Street  
Portadown  
BT62 3LN

**Inspector: Jo Browne**  
**Inspection ID: IN022116**

---

**Tel: 07446 004175**

**Announced Care Inspection  
of  
Carleton Laser Clinic**

**21 July 2015**

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

## 1. Summary of Inspection

An announced care inspection took place on 21 July 2015 from 10.00 to 11.05. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments 2014.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Carleton Laser Clinic Mrs Caroline Lunt	<b>Registered Manager:</b> Mrs Caroline Lunt
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mrs Caroline Lunt	<b>Date Manager Registered:</b> 14 November 2014
<b>Categories of Care:</b> PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.	

**Laser Equipment**

Manufacturer: Ultrapulse  
 Model: F12 – Titan II  
 Serial Number: F1213T0704  
 Laser Class: Class 4

**Laser Protection Advisor (LPA)** – Mr Irfan Assam (Lasernet)

**Laser Protection Supervisor (LPS)** – Mrs Caroline Lunt

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

**Authorised Users** - Mrs Caroline Lunt

**Types of Treatment Provided** - Tattoo removal

**3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- |             |                                   |
|-------------|-----------------------------------|
| Standard 4  | – Dignity, Respect and Rights     |
| Standard 5  | – Patient and Client Partnerships |
| Standard 7  | – Complaints                      |
| Standard 48 | – Laser and Intense Light Sources |

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

The pre-inspection information and complaints return were forwarded to RQIA following the inspection.

During the inspection the inspector met with Mrs Caroline Lunt, registered person.

The following records were examined during the inspection:

- |                                  |                               |
|----------------------------------|-------------------------------|
| • Six client care records        | • Incident/accident records   |
| • Laser safety file              | • Local rules                 |
| • Laser risk assessment          | • Medical treatment protocols |
| • Policies and procedures        | • Equipment service records   |
| • Client feedback questionnaires | • Complaints records          |

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced pre-registration inspection dated 25 July 2014 which included an estates inspection. The completed QIPs were returned and approved by the care and estates inspectors.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 25 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (2)(a) <b>Stated:</b> First time	Evidence that fire safety and infection prevention and control training has been undertaken must be submitted to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmation was received prior to registration that fire safety and infection prevention and control training was undertaken.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> First time	Ensure that the sharps container is wall mounted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The sharps container was observed to be wall mounted during the inspection.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 21 (1) <b>Stated:</b> First time	Ensure that the record of treatment provided is retained within the individual client care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of six client care records confirmed that a record of the treatment provided is recorded within the individual files.	
<b>Requirement 4</b> <b>Ref:</b> Regulation 25 (2) (d) <b>Stated:</b> First time	Ensure the laser warning sign is removed when the laser is not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mrs Lunt and observation during the inspection confirmed arrangements are in place to remove the laser warning sign when the laser is not in use.	

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the LPA is contacted regarding the discrepancy noted in the level of protection provided by one set of protective eyewear. A new set of goggles must be ordered if deemed necessary by the LPA.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the protective eyewear confirmed that new goggles had been purchased in line with the LPA's recommendation.</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the treatment room door is fitted with a lock that can be opened from the outside in the event of an emergency.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the door lock confirmed that it can be opened from the outside in the event of an emergency.</p>		
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that a copy of the installation certificate for the laser is obtained and forwarded to RQIA.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Installation information regarding the laser was received by RQIA prior to registration.</p>		
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard C22</p> <p><b>Stated:</b> First time</p>	<p>Ensure that signed cleaning schedules are developed and implemented along with a record of decontamination of equipment between clients.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Cleaning schedules had been developed and implemented. Completed cleaning schedules were reviewed as part of the inspection process.</p>		

<b>Recommendation 2</b>  <b>Ref:</b> Standard P2.1  <b>Stated:</b> First time	Discuss the length of time that should occur between a patch test being undertaken and treatment commencing with Dr Myers and record the decision in the medical treatment protocols.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The medical treatment protocols were discussed with Dr Myers in relation to patch testing; amended protocols were issued and implemented.	<b>Met</b>	
<b>Recommendation 3</b>  <b>Ref:</b> Standard P2.8  <b>Stated:</b> First time		Ensure the area treated and the number of shots is included in the laser register.
<b>Action taken as confirmed during the inspection:</b> Review of the laser registered confirmed that the area treated and number of shots is recorded for each individual client.		

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

#### Is Care Safe?

Discussion regarding the consultation and treatment process, with Mrs Lunt confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely within a locked cupboard.

#### Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

#### Is Care Compassionate?

Discussion with Mrs Lunt and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.4 Standard 5 – Patient and Client Partnership

### Is Care Safe?

Mrs Lunt confirmed that arrangements are in place to ask clients for their comments in relation to the quality of treatment provided, information and care received when they are nearing the completion of their treatment. However as no clients have completed their laser treatment no questionnaires have been issued as yet. The blank client questionnaires were reviewed, the format was discussed and advice was offered in relation to the collection of data.

Mrs Lunt confirmed that the information from clients' comments will be collected in an anonymised format, summarised and used by the establishment to make improvements to services.

### Is Care Effective?

Carleton Laser Clinic will obtain the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

As stated above the establishment will issue feedback questionnaires to clients when they are nearing completion of their treatment. Mrs Lunt confirmed that the information received from the client feedback questionnaires will be collated into an annual summary report which will be made available to clients and other interested parties to read.

### Is Care Compassionate?

Review of care records and discussion with Mrs Lunt confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.5 Standard 7 - Complaints

### Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Lunt confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mrs Lunt confirmed that information from complaints will be used to improve the quality of services.

**Is Care Effective?**

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Mrs Lunt demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Client Guide; copies of which are provided to each client at their initial consultation.

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

**Is Care Compassionate?**

Mrs Lunt confirmed that the complainant will be notified of the outcome of the complaint and action taken by the establishment to address any concerns raised.

**Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

**5.6 Standard 48 - Laser and Intense Light Sources****Is Care Safe?**

Clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 5 March 2016.

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

The medical treatment protocols set out:

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



The establishment has local rules in place which have been developed by their LPA on 18 March 2014 which were reviewed on 28 July 2015. Document control to evidence the review was submitted to RQIA following the inspection.

The local rules cover:

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

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

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

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 18 March 2014 which was reviewed on 28 July 2015. Document control to evidence the review was submitted to RQIA following the inspection. All recommendations made by the LPA have been addressed.

The authorised user has completed training in core of knowledge and the safe use and application of the laser equipment.

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

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

Confirmation that fire safety training and infection prevention and control training was forwarded to RQIA following the inspection on 29 July 2015.

No other staff are employed at the establishment.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

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

Protective eyewear is available for the client and operator as outlined in the local rules.

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

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use.

### **Is Care Effective?**

The establishment has a laser register which is 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

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- Client details
- Medical history
- Signed consent form
- Skin assessment
- Patch test
- Record of treatment delivered including number of shots and fluence settings (where appropriate)

Within the client care records reviewed it was observed that the client's name was not always recorded in all the required sections of the documents and red or blue ink was used instead of black when completing records. Advice was given on the format of the client care records to prevent repetition of information.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. As the equipment was installed within the past year the laser is not due for its first service until October 2015.

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

## Is Care Compassionate?

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have.

Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes.

The establishment has a set fee per treatment session. Fees for treatments are agreed during the initial consultation and may vary depending on the length of treatment provided and the individual requirements of the client.

## Areas for Improvement

All requested information on the client care records must be completed.

Black ink should be used when completing client care records and other records required by legislation.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	2
--------------------------------	---	-----------------------------------	---

## 5.7 Additional Areas Examined

### 5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since registration with RQIA. However discussion with Mrs Lunt confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### 5.7.2 RQIA registration and Insurance Arrangements

Discussion with Mrs Lunt regarding the insurance arrangements within the establishment and review of the insurance documentation confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the treatment room of the premises.

## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Caroline Lunt as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

## 6.2 Recommendations

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

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

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 48.10  <b>Stated:</b> First time  <b>To be Completed by:</b> 21 September 2015	It is recommended that all required information is completed on the care records. Consideration could be given to reviewing the format of the records to prevent repetition of information.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Recording of documents has been reviewed and amended
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 21 July 2015	It is recommended that black ink is used at all times when completing client care records and other records required by legislation.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Black ink will be used for all documents in future

<b>Registered Manager Completing QIP</b>	Caroline Lunt	<b>Date Completed</b>	?? ??????
<b>Registered Person Approving QIP</b>	Caroline Lunt	<b>Date Approved</b>	?? ??????
<b>RQIA Inspector Assessing Response</b>	Jo Browne	<b>Date Approved</b>	07/12/15

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