

Announced Care Inspection Report

15 June 2016



Therapie Clinic Ltd

Type of service: **Cosmetic laser service**
Address: **1-3 Fountain Street, Londonderry, BT48 6QX**
Tel No: **028 7126 5379**
Inspector: **Winnie Maguire**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Therapie Clinic Ltd took place on 15 June 2016 from 10:30 to 14:15.

The inspection sought to determine if the service 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 Mr Mark Shortt, Registered Person, Ms Kate McNerney, Registered Manager, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. A recommendation was made to make good the strips of dampness noted on the wall in laser room one.

Is care effective?

Observations made, review of documentation and discussion with Mr Shortt, Ms McNerney and staff 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. Minor suggestions were made in relation to completion of client records. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Shortt, Ms McNerney and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was 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. Staff confirmed they were aware the whistleblowing policy was held in the staff handbook which is accessible through the Belfast office. It was recommended the staff handbook should be readily available to all staff and a copy of the whistleblowing policy should be placed in the establishment's policy and procedure file.

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 2014.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mr Shortt, Registered Person and Ms McNerney, 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 21 July 2015

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

2.0 Service details

Registered organisation/registered person: Therapie Ltd Mr Mark Shortt	Registered manager: Ms Kate McNerney
Person in charge of the establishment at the time of inspection: Ms Kate McNerney	Date manager registered: 8 February 2016
Categories of care: 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:	Alma	Alma
Model:	Soprano XL	Soprano XL
Serial Number:	S12P0120	S12P0160
Laser Class:	4	4
Wavelength:	755nm	755nm

Laser Protection Advisor (LPA) – Alex Zarneth

Laser Protection Supervisor (LPS) –Kate McNerney

Medical Support Services – Dr Ross Martin

Authorised Users - Kate McNerney
Jayne Gardiner
Nicole Heaney
Victoria Elliott

Types of Treatment Provided – hair reduction/removal

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 patient questionnaires.

During the inspection the inspector met with Mr Shortt, Registered Person, Ms McNerney, Registered Manager and authorised user and two other authorised users. 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 21 July 2015

The previous inspection of the establishment was an announced care inspection dated 21 July 2015. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2015

As above

4.3 Is care safe?

Staffing

Discussion with staff, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms McNerney confirmed that laser treatments are only carried out by authorised users. A register of authorised users for the laser is maintained and kept up to date.

Review of training records evidenced that authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety. Discussion with staff and review of documentation confirmed that authorised users take part in appraisal on an annual basis.

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

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

Recruitment and selection

A review of four personnel files of authorised users and discussion with Mr Shortt confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance. A minor amendment was suggested to change CRB reference to AccessNI. An amended version of the policy was forwarded to RQIA following inspection.

Safeguarding

Discussion with staff confirmed they had a good awareness of safeguarding adults at risk of harm and the actions to be taken in the event of a concern being identified. A safeguarding policy was in place and which was updated following inspection in accordance with the regional guidance issued July 2015.

Laser Safety

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. There was a service level agreement between the establishment and the LPA in place which is renewed annually.

Laser procedures are carried out by trained operators in accordance with a medical treatment protocol produced by Dr Ross Martin which he reviewed and revalidated until May 2018. The medical treatment protocol contained the relevant information pertaining to the treatment being provided.

Up to date local rules are in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises in June 2016 and no recommendations were made.

The LPS has overall responsibility for safety during laser treatments and a list of authorised users is maintained. Authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another suitably skilled authorised user to deputise for the LPS in their absence. Discussion with staff confirmed that systems are in place to ensure other authorised users are aware who is the LPS on duty.

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 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 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 a laser register for each laser 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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports were forwarded to RQIA following inspection.

Management of Emergencies

As discussed, authorised users have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency and evidenced they were aware the nearest automated external defibrillator (AED) is situated in the shopping centre opposite the establishment.

There is a resuscitation policy in place and it was suggested to include details of the nearest AED.

Infection Prevention and Control and Decontamination Procedures

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

Environment

The premises were maintained to a generally good standard of maintenance and décor. The back wall of laser room one had strips of dampness leading to discolouration and blistering of the paintwork. Mr Shortt confirmed builders had been contacted to undertake the work. A recommendation was made to make good the strips of dampness in laser room one.

Completed 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

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- "All staff are brilliant "
- "The clinic provide a very in depth consultation prior to treatment to make sure it is safe to have the laser and a patch test also. Clinic is always spotless and well maintained"

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

A recommendation was made to make good the strips of dampness in laser room one.

Number of requirements:	0	Number of recommendations:	1
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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 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.

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 (where appropriate)
- Patch test (where appropriate)
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

A suggestion was made to complete all details on the form or mark as not applicable. 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.

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

Staff confirmed that management is approachable and their views and opinions are listened to.

Ms McNerney confirmed that staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Client and staff views

All of the five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “Staff are excellent always looking after you, very friendly”

Four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No written comments were provided.

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 McNerney and staff 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 user present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets and electronic records are password protected

Client satisfaction surveys are carried out by the establishment on an ongoing basis and the results of these are collated to provide a monthly summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. No written comments from clients were provided.

Client and staff views

All of the five patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No written comments were provided.

Four submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Management and governance

There was a clear organisational structure within the establishment and authorised users were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised users confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service. Mr Shortt confirmed he visits the establishment at least monthly. A regional manager monitors the quality of services through an internal audit programme and undertakes a visit to the premises at least monthly.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Mr Shortt demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mr Shortt demonstrated 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 McNerney confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The registered manager undertakes a monthly audit programme, in addition a regional manager monitors the quality of services through an internal audit programme and undertakes a visit to the premises at least monthly.

Ms McNerney confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The following audits were reviewed:

- client feedback
- notes audit
- infection prevention and control
- monthly deep clean log
- key logs
- laser machine weekly checklist

Staff confirmed they were aware the whistleblowing policy was held in the staff handbook which is accessible through the Belfast office. It was recommended the staff handbook should be readily available to all staff and a copy of the whistleblowing policy should be placed in the establishment's policy and procedure file. Discussion with authorised users confirmed that they were aware of who to contact if they had a concern.

Mr Shortt and Ms McNerney demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA on occasion requires an email from RQIA to prompt submission. Mr Shortt 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.

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

Client and staff views

All of the five patients who submitted questionnaire responses indicated that they felt that the service is well managed. No written comments were provided.

Four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided

Areas for improvement

A recommendation was made that the staff handbook should be readily available to all staff and a copy of the whistleblowing policy should be placed in the establishment's policy and procedure file.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Mark Shortt and Ms McNerney 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 cosmetic laser service. 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 taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to 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 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

Recommendations

Recommendation 1	The strips of dampness in laser room one should be made good.
Ref: Standard 22 Stated: First time To be completed by: 15 July 2016	Response by registered person detailing the actions taken: We have contacted our building contractor regarding this matter, he has been out to the clinic to investigate the issue. So far a plumber and painter have been contacted to resolve the dampness and will be completed by 20 th July.
Recommendation 2	The staff handbook should be readily available to all staff and a copy of the whistleblowing policy should be placed in the establishment's policy and procedure file.
Ref: Standard 16 Stated: First time To be completed by: 15 July 2016	Response by registered person detailing the actions taken: Staff handbook has been copied and is now available in clinic for all staff. The Whistleblowing policy is now updated and has been placed in our policy and procedures folder.

Please ensure this document is completed in full and returned to independent.healthcare.@rqia.org.uk from the authorised email address



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