

Inspection Report

24 June 2021



Therapie Clinic Ltd

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)
Address: 1-3 Fountain Street, Londonderry, BT48 6QX
Telephone number: 080 0012 1565

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

<p>Organisation/Registered Provider: Therapie Ltd</p> <p>Responsible Individual: Mr Phillip McGlade</p>	<p>Registered Manager: Ms Emily Dixon (Acting)</p> <p>Date registered: Acting – No Application Required</p>
<p>Person in charge at the time of inspection: Ms Emily Dixon</p>	
<p>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</p>	
<p>Brief description of how the service operates: Therapie Clinic Ltd provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using Class 4 laser machines that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Therapie Ltd is the registered provider and Mr Phillip McGlade is the responsible individual for Therapie Ltd. Mr McGlade is also the responsible individual for three other services registered with RQIA.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Cynosure Model: Elite Serial Number: ELM 2006 Laser Class: 4 Wavelength: 755nm – 1064nm</p> <p>Manufacturer: Cynosure Model: Elite Serial Number: ELM 1955 Laser Class: 4 Wavelength: 755nm – 1064nm</p> <p>Laser protection advisor (LPA): Mr Alex Zarneh</p>	

Laser protection supervisor (LPS):

Ms Laura Fox

Medical support services:

Dr Paul Reddy

Authorised operators:

Ms Laura Fox

Ms Julie O'Hara

Ms Aisha Rehman

Ms Cara Doherty

Ms Rececca Kennedy

Ms Nadine O'Kane

Ms Demi Young

Types of laser treatments provided:

Hair Removal

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 June 2021 from 11:00 am to 3.30 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Therapie Clinic Ltd was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning safeguarding; management of medical emergencies; and effective communication between clients and staff. Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

During the inspection a number of issues were identified that required to be addressed and following the inspection evidence was submitted to RQIA by email confirming that a number of these issues had been addressed.

Two areas for improvement were identified against the regulations to ensure that recruitment and selection records are available for inspection; and that information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended is sought and retained prior to commencement of employment.

Four areas for improvement were identified against the standards to ensure that the register of authorised operators is kept up to date; that all authorised operators sign to indicate that they

accept and understand the local rules and medical treatment protocols; to ensure there is an accurate and up to date treatment record maintained for every client; and that all authorised operators have up to date application training for the laser equipment in use in keeping with best practice guidance.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service

Clients were not available for consultation on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Therapie Clinic Ltd. Review of the most recent client satisfaction survey found that clients were highly satisfied with the quality of treatment, information and care received.

Posters were issued to Therapie Clinic Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Therapie Clinic Ltd was undertaken on 7 August 2019 and no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Ms Dixon told us that laser treatments are carried out by authorised operators. A review of the register of authorised operators evidenced that the register was not up to date and did not include the most recently recruited authorised operators. This is discussed further in section 5.2.8 of this report.

Not all of the mandatory training records of the authorised operators were available for review. This was discussed with Ms Dixon who was advised that all training records should be retained and available for inspection. Following the inspection, documentary evidence was provided to RQIA confirming that all authorised operators had up to date training in core of knowledge training, basic life support, infection prevention and control, fire safety awareness and safeguarding adults in keeping with the RQIA training guidance. However, there was no evidence that all authorised operators had undertaken application training for the equipment in use. An area for improvement has been identified in relation to staff training.

Appropriate staffing levels were in place to meet the needs of clients.

Ms Dixon confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance for the recruitment of authorised operators.

Ms Dixon told us that five authorised operators had been recruited since the previous inspection. It was identified that two of the most recently recruited authorised operators' personnel files were not available on site for review. An area for improvement has been identified to ensure that all records pertaining to the recruitment and selection of staff are available for inspection.

As discussed two authorised operator's personnel files were not available for review, therefore there was no evidence that all required recruitment documentation had been sought in respect of these two recently recruited authorised operators. A review of three personnel files available on site evidenced that recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained with the exception of two written references for each authorised operator. An area for improvement has been identified to 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 two identified authorised operators and for any authorised operators recruited in the future.

5.2.3 How does the service ensure that is equipped to manage a safeguarding issue should it arise?

Ms Dixon stated that laser treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Ms Dixon is the identified safeguarding lead and there is also a named safeguarding champion appointed for Therapie Ltd. However, the policy did not include the accurate details of the safeguarding lead and safeguarding champion and did not include reference to the most up to

date regional guidance. Following the inspection RQIA received confirmation that the policy had been amended accordingly.

Discussion with staff confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Ms Dixon confirmed that all authorised operators had received safeguarding training at the appropriate level in keeping with RQIA training guidance.

It was confirmed that a copy of the regional policy entitled Adult Safeguarding Prevention and Protection in Partnership was available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

All authorised operators had up to date training in basic life support and staff spoken with were aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The laser treatment rooms were clean and clutter free. Discussion with authorised operators evidenced that appropriate procedures were in place for the decontamination of equipment between use. The toilet facilities were observed to be clean and clutter free however it was identified that a system was not in place to ensure that the toilet facilities were cleaned following use. Following the inspection RQIA received confirmation that a system had been implemented to ensure that the toilet facilities were cleaned immediately after use.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

One member of staff was observed to be wearing jewellery and nail polish which is not in keeping with best practice. Following the inspection RQIA received confirmation that this issue had been addressed and hand hygiene audits had been introduced.

Following the inspection the service had appropriate arrangements in place in relation to IPC.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Ms Dixon who outlined the measures taken by Therapie Clinic Ltd to ensure current best practice measures are in place. Appropriate arrangements were in place in relation to maintaining social distancing with the exception of the waiting area where the seating had not been re-organised to allow for social distancing of clients. This was discussed and RQIA received confirmation that this issue had been addressed immediately following the inspection.

Appropriate arrangements were in place in relation to the client pathway to include COVID-19 screening prior to attending appointments.

In the main, the management of COVID-19 was in line with best practice guidance. The reorganisation of the seating in the waiting room to allow for social distancing, the implementation of a system to ensure that the toilet facilities are cleaned immediately after use and the implementation of regular hand hygiene audits will further minimise the risk of COVID-19 transmission.

5.2.7 How does the service ensure the environment is safe?

The service has several treatment rooms, two of which are used for laser treatments. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place with the exception of the toilet facilities as discussed previously in section 5.2.5.

Observations made evidenced that carbon dioxide (CO₂) fire extinguishers were available which have been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 How does the service ensure that laser and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser equipment. 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 dated 1 April 2021.

Two sets of up to date local rules were in place which have been developed by the LPA; one for each laser machine. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during October 2020 and all recommendations made by the LPA have been addressed.

Ms Dixon told us that laser procedures are carried out following medical treatment protocols that have been produced by Dr Paul Reddy and are due to expire during March 2022. Systems are

in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments. A list of authorised operators was in place however, this list had not been updated when new authorised operators had been recruited. An area for improvement has been identified to ensure that the list of authorised operators is kept up to date and includes the most recently recruited authorised operators.

It was also identified that not all authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols. An area for improvement has been identified.

When the laser 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 equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The doors to the treatment rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The lasers are operated using a key and arrangements are in place for the safe custody of the keys when not in use. Protective eyewear was available for the client and operator as outlined in the local rules.

Authorised operators were aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

Therapie Clinic Ltd has two laser registers in place. Authorised operators told us that they complete the relevant section of the register every time the equipment is operated, the register 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 of the lasers were reviewed and were found to be up to date.

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

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

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 service 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 (GP), with their consent, for further information if necessary.

Staff told us that electronic client records are retained. We reviewed two client care records and found the treatment records included:

- client details
- medical history
- signed consent form
- skin assessment
- patch test

A record of treatment delivered had been recorded in only one of the two client records reviewed. We advised staff that all treatment delivered should be contemporaneously recorded. An area for improvement has been identified.

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

There was written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information was jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

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

5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?

Discussion with Ms Dixon 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 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.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage area.

Ms Dixon told us that clients are invited to complete a satisfaction survey when their treatment is complete and the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms Dixon confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction found that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Ms Dixon has overall responsibility for the day to day management of the establishment and is responsible for reporting to the registered provider. Therapie Clinic Ltd is operated by Therapie Ltd and Mr Phillip McGlade is the responsible individual for Therapie Ltd. He nominates a member of the senior management team to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. However, due to close contact services being closed for identified periods of time as a result of the COVID-19 pandemic a recent unannounced visit had not been undertaken.

Ms Dixon advised that the reports of the unannounced monitoring visits along with any identified actions would be made available for inspection. Ms Dixon also confirmed that all reports would be sent to the registered provider to enable them to monitor progress with the identified actions.

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

A copy of the complaints procedure was available in the establishment. Authorised operators evidenced a good awareness of complaints management.

Ms Dixon confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Ms Dixon demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Ms Dixon was advised to ensure 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 displayed in a prominent place.

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

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Dixon and staff. Ms Dixon advised that equality data collected would be managed in line with best practice.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service provides laser treatments in a caring and compassionate manner.

Two areas for improvement were identified against the regulations to ensure that recruitment and selection records are available for inspection; and that information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended is sought and retained prior to commencement of employment.

Four areas for improvement were identified against the standards to ensure that the register of authorised operators is kept up to date; that all authorised operators sign to indicate that they accept and understand the local rules and medical treatment protocols; to ensure there is an accurate and up to date treatment record maintained for every client; and that all authorised operators have up to date application training for the laser equipment in use in keeping with best practice guidance.

7.0 Quality Improvement Plan/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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the QIP were discussed with Ms Dixon as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#)

Area for improvement 1 Ref: Regulation 21(3), Schedule 3, Part II (8) Stated: First time To be completed by: 24 June 2021	<p>The registered person shall ensure that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are available for inspection.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All recruitment records now up to date and sent to Norma. Procedure now in place to ensure all documents are completed.</p>
Area for improvement 2 Ref: Regulation 19 (2) (d) Schedule 2, as amended Stated: First time To be completed by: 24 June 2021	<p>The registered person shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended is sought and retained prior to commencement of employment.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All information for recruitment of employees up to date and procedure in place to ensure going forward.</p>
<h3>Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</h3>	
Area for improvement 1 Ref: Standard 48.2 Stated: First time To be completed by: 24 June 2021	<p>The registered person shall ensure that the register of authorised operators is kept up to date.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: Register has been updated and sent to Norma.</p>
Area for improvement 2 Ref: Standard 48.6 Stated: First time To be completed by: 24 June 2021	<p>The registered person shall ensure that all authorised operators sign to indicate that they accept and understand the local rules and medical treatment protocols.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: All authorised users have now signed local rules and confirm they are aware of treatment protocols.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2021</p>	<p>The registered person shall ensure there is an accurate and up to date treatment record maintained for every client.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: Clients notes are up to date and random spot checks are further in place to ensure all staff are recording correctly.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2021</p>	<p>The registered person shall ensure that all authorised operators have up to date application training for the laser equipment in use in keeping with best practice guidance.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: All laser training certificates have been sent to Norma to confirm training took place.</p>

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



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