



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Therapie Clinic Ltd, Derry
Establishment ID No: 11286
Date of Inspection: 22 July 2014
Inspector's Name: Winnie Maguire
Inspection No: 16607

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Therapie Clinic Ltd
Address:	1-3 Fountain Street Londonderry BT48 6QX
Telephone number:	028 7126 5379
Registered organisation/ registered provider:	Mr Mark Shortt
Registered manager:	Ms Lucia Mc Callion (registration pending)
Person in charge of the establishment at the time of inspection:	Ms Lucia Mc Callion
Registration category:	PT (L) – Prescribed Techniques or Prescribed Technology, establishment training Class 3 B or Class 4 lasers
Date and time of inspection:	22 July 2014 10.45am – 1.45pm
Date and type of previous inspection:	2 October 2013 Follow up Inspection
Name of inspector:	Winnie Maguire

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS draft Independent Health Care Minimum Standards for Hospitals and Clinics measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the draft minimum standards and to consider whether the service provided to clients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of laser services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Independent hospitals and clinics.

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Method/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information and self-assessment
- Discussion with the registered provider Mr Mark Shortt and Ms Lucia Mc Callion, clinic manager(registration pending)
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS draft Independent Health Care Minimum Standards for Independent Hospitals and Clinics and to assess progress with the issues raised during and since the previous inspection.

- C4 Patient Partnerships
- C5 Complaints
- C10 Management of Operations
- P1 Patient information and Laser Procedures
- P2 Procedures for Use of Lasers and Intense Light Sources
- P3 Training for Staff Using Lasers and Intense Light Sources
- P4 Safe Operation of Lasers and Intense Light Sources

3.0 Profile of Service

Therapie Clinic Ltd (Derry) is situated in the city centre of Derry and is owned by the company Therapie Ltd. The company operates two other clinics in Belfast and Newry and has several clinics in the Republic of Ireland.

Laser Equipment – two lasers

Manufacturer:	Alma	Alma
Laser Class:	Class 4	Class 4
Model:	Soprano XL	Soprano XL
Serial Number:	S12 P0120	S12 P1160
Wavelength:	755nm	755nm

Laser Protection Advisor (LPA)

Alex Zarneth

Laser Protection Supervisor (LPS)

Lucia McCallion

Medical Support Services

Dr Ross Martin

Authorised Users

(As listed in local rules)

Lucia Mc Callion

Kelsey Parke

Lauren Duke

Jodie Mc Auley

Types of Treatment Provided

Hair reduction/removal

Public car parking is available for clients and visitors.

The establishment is accessible for clients with a disability.

Therapie Clinic Ltd (Derry) is registered as an independent hospital with the PT(L) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 22 July 2014 from 10.45 am to 1.45pm. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS draft Independent Health Care Minimum Standards for Independent hospital and clinics and to assess the progress made to address the issues raised during the previous inspection.

There were two requirements made as a result of the previous follow up inspection on 2 October 2013. Both requirements have been fully addressed.

The inspection focused on the draft DHSSPS Independent Health Care Minimum standards outlined in section 2.4 of this report.

Mark Shortt and Lucia McCallion were available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Client Guide were in place which reflected legislative and best practice guidance.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the collated monthly client comment cards and found that clients were satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. The clinic manager collates the information from the comment cards into a summary report which is made available to clients and other interested parties in the information file.

Therapie Clinic has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. Complaints received by the establishment, have been documented, managed and outcomes actioned as necessary. The inspector noted the records on a number of occasions outlined the first name only of staff. A recommendation was made to ensure full names are recorded in the complaints record. A recommendation was made to establish an audit of complaints. The inspector advised only complaints relating to the laser services should be made available to the inspector. The registered person displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The clinic manager (registration pending) is

responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to whistleblowing. They were found to be in line with legislation and best practice. The absence of manager policy was submitted following inspection and found to be in line with legislation and best practice.

The registered person undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

Five client care records were examined and found to be generally well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided. The inspector noted on occasions staff were recording their first name only on treatment records. A recommendation was made on this matter. It was also noted one episode of treatment was recorded in the laser register but was not recorded in the client's treatment record. A requirement was made on this matter.

There were clear medical treatment protocols in place. Local rules were updated following inspection to include the 755nm probe used in clinic. These were reviewed and found to be satisfactory. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the laser equipment. One staff member's basic life support certificate was submitted following inspection and was found to be in order. Other staff working in the establishment, but not directly involved in the use of laser equipment, have received laser safety awareness training.

The environment in which the laser equipment is used was found to be safe and controlled. A risk assessment had been updated on 22 July 2014 by the

establishment's LPA to include the 755nm probe and no issues were identified. Protective eyewear was available for the client and operator as outlined in the local rules.

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

A laser safety file was in place. Systems were in place to service and maintain the laser equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector.

The certificate of registration was clearly displayed in the reception area of the establishment.

One requirement and three recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Mark Shortt, Lucia Mc Callion and the staff of Therapie Clinic for their hospitality and contribution to the inspection process.

5.0 Follow up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	39	The registered person must ensure the local rules are amended regarding the list of authorised users and then signed as read and understood by the authorised users.	The local rules had been amended regarding the list of authorised users who subsequently signed they had read and understood the local rules. (The local rules have required updating since this requirement was addressed).	One	Compliant
2	21	The registered person must ensure details of laser treatments are clearly and consistently recorded in client records.	Laser treatments recorded in client records were clear and consistent.	One	Compliant

6.0 Inspection Findings

STANDARD C4	
Patient Partnerships:	The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.
<p>Therapie Clinic obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The inspector reviewed collated client comment cards and found that clients were satisfied with the quality of treatment, information and care received. Comments from clients included:</p> <ul style="list-style-type: none"> • “Very helpful staff” • “Staff informative” • “Staff friendly” • “Happy with treatment” • “Pleased with results” <p>The information received from the client comment cards is collated into a monthly summary report which is made available to clients and other interested parties to read. The findings of the survey are discussed at the monthly team meetings.</p>	

Evidenced by:

Review of client satisfaction surveys

Review of summary report of client satisfaction surveys

Summary report made available to clients and other interested parties

Discussion with staff

STANDARD C5	
Complaints:	All complaints are taken seriously and dealt with.
<p>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. The registered provider demonstrated a good understanding of complaints management.</p> <p>All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide.</p> <p>The inspector reviewed the complaints register and complaints records. Most complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. It is recommended staff record their full names in complaints records.</p> <p>A recommendation was made that the clinic's manager (registration pending) undertakes an audit of complaints on a regular basis as part of the establishment's quality assurance mechanisms and the audit information is used to identify trends and enhance services provided.</p>	

Evidenced by:

Review of complaints procedure

Complaints procedure made available to clients and other interested parties

Staff discussion

Review of complaints records

STANDARD C10	
Management of Operations:	Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The registered provider ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and draft minimum standards.</p> <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment.</p> <p>The establishment has devised a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy was submitted to RQIA following the inspection and was found to be satisfactory.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Client Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> • Client feedback • Infection prevention and control • Client records <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately. An incident grab sheet is available within the laser room.</p> <p>The registered provider has systems in place to deal with all alert letters issued by the DHSSPS.</p> <p>The establishment has arrangements in place to monitor the competency and performance of all staff.</p> <p>There is a written policy on workers concerns and freedom to express concerns (whistle blowing) and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p>	

The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificate of registration was clearly displayed in the reception area of the premises.

Evidenced by:

Review of policies and procedures
Review of training records
Review of Client Guide
Review of Statement of Purpose
Discussion with registered provider/manager
Review of audits
Review of alert letters
Review of incident management
Review of insurance arrangements

STANDARD P1	
Patient Information and Laser procedures:	Patients are clear about what procedures involve, the costs and the skills and experience of those carrying out the procedures.
<p>The establishment has policies and procedures for advertising and marketing which are factual and not misleading.</p> <p>Clients are provided with written information on the specific laser procedure to be provided that explains the risks, complications and expected outcomes of the treatment.</p> <p>Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. 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 treatment provided and the individual requirements of the client.</p> <p>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.</p> <p>A copy of the Client Guide is provided to all clients.</p>	

Evidenced by:

- Discussion with staff**
- Review of policies and procedures**
- Review of information provided to clients**

STANDARD P2	
Procedures for Use of Lasers and Intense Light Sources:	Patients have laser and intense light source procedures carried out by, experienced operators, and in accordance with procedures.
<p>Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin and updated July 2014. Systems are in place to review the medical treatment protocols on an annual basis.</p> <p>The medical treatment protocols set out:</p> <ul style="list-style-type: none"> • 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 <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.</p> <p>The establishment has local rules in place which have been updated on 22 July 2014 by the LPA to include use of the 755nm probe. These were furnished to the inspector following inspection and were found to be satisfactory.</p> <p>The local rules cover:</p> <ul style="list-style-type: none"> • 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 <p>The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.</p> <p>A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.</p>	

The establishment has a laser register for each machine 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

Five client care records were reviewed and most were found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken.

The inspector noted the following :

- On a number of occasions staff were recording their first names only in clients records. A recommendation was made on this matter.
- One episode of treatment recorded in the laser register was not recorded in the client's record. A requirement was made on this matter.

Clients are provided with written aftercare instructions following treatment.

Evidenced by:

Review of local rules

Review of medical treatment protocols

Review of laser registers

Review of client care records

Review of incident policy and procedure

Review of incident records

STANDARD P3	
Training for Staff using Lasers and Intense Light Sources	Patients have laser and intense light source procedures carried out by staff that are trained and experienced in operating Class 3b and 4 lasers and intense light sources.
<p>The authorised users have completed training in core of knowledge and the safe use and application of the laser equipment.</p> <p>Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:</p> <ul style="list-style-type: none"> • Basic life support annually • Fire safety annually • Infection prevention and control annually <p>One member of staff's basic life support certificate was submitted to RQIA following the inspection and was found to be in order.</p> <p>All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.</p>	

Evidenced by:

- Review of staff personnel files**
- Review of training records**
- Discussion with staff**

STANDARD P4	
Safe Operation of Lasers and Intense Light Sources:	The environment in which lasers and intense light sources are used is safe.
<p>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.</p> <p>When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.</p> <p>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.</p> <p>Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.</p> <p>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.</p> <p>The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use.</p> <p>There is a laser safety file in place that contains all of the relevant information relating to the laser equipment.</p> <p>There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report dated 6 February 2014 was reviewed as part of the inspection process.</p> <p>The establishment's LPA updated a risk assessment of the premises in 22 July 2014 and no recommendations were made.</p>	

Evidenced by:

- Review of premises and controlled area**
- Review of Laser safety file**
- Review of maintenance records**

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mark Shortt as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

Winnie Maguire
Inspector / Quality Reviewer

Date



Quality Improvement Plan
Announced Inspection
Therapie Clinic Ltd (Derry)

22 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Mark Shortt, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENT

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 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	21 1(a)	The registered person must ensure each episode of laser treatment is fully outlined in the individual client's record. Ref Standard P2	One	<i>Training has been carried out with staff members to ensure that this is completed. Spot checks are being carried out to ensure compliance.</i>	Immediate and ongoing

RECOMMENDATIONS

These recommendations are based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	C5	The registered person should ensure staff record their full name when completing complaint records. Ref Standard C5	One	New rules have been put in place to ensure that all staff are aware. spot checks are being carried out to ensure compliancy.	Immediate and ongoing
2	C5	The registered person should establish an audit of complaints. Ref Standard C5	One	An Audit and relevant documents have now been put in place.	Three Months
3	P2	The registered person should ensure staff records their full name when completing client records. Ref Standard P2	One	New rules have been put in place to ensure that all staff are aware. Spot checks are being carried out to ensure compliancy.	Immediate and ongoing

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Winnie Maguire
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 



NAME:
 Registered Provider *Mary Sweeney*

DATE *18-05-14*

SIGNED: *Lucia Calli*

NAME: *LUCIA MC CALLION*
 Registered Manager

DATE *12/9/14*

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			<i>22/9/14</i>
B	Further information requested from provider		✓		<i>22/9/14</i>



The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY

03 JUL 2014

IMPROVEMENT AUTHORITY

Pre-Inspection Self-Assessment Laser/IPL Service

Name of Establishment: Therapie Clinic Ltd
Establishment ID No: 11286
Date of Inspection: 22 July 2014
Inspector's Name: Winnie Maguire
Inspection No: 16607

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of laser/IPL services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the establishment since the previous inspection?		✓
Yes, please comment		

Policies and Procedures

	YES	NO
Does the establishment have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
No, please comment		

Records Management

	YES	NO
Does the establishment have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual client?	✓	
Are arrangements in place to securely store client care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the establishment have systems in place to obtain the views of clients regarding the quality of treatment, care and information provided?	✓	
Does the establishment make available a summary report of client feedback to clients and other interested parties?	✓	
No, please comment		

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	✓	
No, please comment		

Complaints

	YES	NO
Does the establishment have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the establishment have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the establishment's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between clients?	✓	
No, please comment		

Recruitment of staff

	YES	NO
Does the establishment have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all authorised users (recruited since registration with RQIA) had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
AUTHORISED USERS	YES	NO
Core of knowledge training – within the past 5 year years	✓	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	✓	
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	✓	
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually	✓	
If No, please comment		

Appraisal

	YES	NO
Does the establishment have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	✓	
No, please comment		

Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
No, please comment		

Lasers/IPL Service


	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	✓	
Has the establishment an up to date LPA report?	✓	
Has the establishment an up to date risk assessment undertaken by their LPA?	✓	
Does the establishment have up to date local rules in place?	✓	
Does the establishment have up to date medical treatment protocols in place?	✓	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	✓	
Does the establishment have arrangements in place for a medical support service?	✓	
Does the establishment have a list of authorised users?	✓	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	✓	
Does the establishment have protective eyewear in place, as outlined in the local rules?	✓	
Is the controlled area clearly defined?	✓	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	✓	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	✓	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	✓	
Does the establishment have a laser/IPL safety file in place?	✓	

Does the establishment have a laser/IPL register(s) in place?	✓	
No, please comment		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
Mozu Shorter		R.I.	01/07/14