

Announced Care Inspection Report 2 October 2018



Therapie Clinic Limited

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser Service**

Address: 1 – 3 Fountain Street, Londonderry BT48 6QX

Tel No: 08000 121 565

Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Therapie Clinic Limited is registered as an Independent Hospital (IH) with the following category of care: PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers; PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources Independent Hospital (IH). The type of treatment provided is laser hair removal.

Laser equipment:

- Manufacturer: ALMA/ABC
- Model: Soprano Platinum
- Serial Numbers: PLAT0388
- Laser Class: 4

- Wavelength: 755nm - 1064nm

Laser protection advisor (LPA):

- Mr Alex Zarneh

Laser protection supervisor (LPS):

- Ms Claire McConnell

Medical support services:

- Dr Ross Martin

Authorised operators:

- Ms Claire McConnell, Ms Jayne Gardiner and Ms Nicole Heaney

Types of treatment provided:

- Hair removal

3.0 Service details

<p>Organisation/Registered Provider: Therapie Ltd</p> <p>Responsible Individual: Mr Phillip McGlade</p>	<p>Registered Manager: Ms Claire McConnell (acting)</p>
<p>Person in charge at the time of inspection: Ms Claire McConnell</p>	<p>Date manager registered: Application to be submitted</p>
<p>Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers; PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources Independent Hospital (IH)</p>	

4.0 Inspection summary

An announced inspection took place on 02 October 2018 from 11.00 to 14.15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection, and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These included the recruitment procedures, authorised operator training, client safety in respect of safe procedures for the use of lasers and intense light sources, infection prevention and control, and the arrangements for managing a medical emergency. Other examples include ensuring the core values of privacy and dignity were upheld, maintaining client confidentiality and providing the relevant information to allow clients to make informed choices.

No areas of improvement were identified during this inspection.

Clients who submitted questionnaire responses indicated a high level of satisfaction.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Claire McConnell, acting manager and Ms Orla Mulholland, area manager for Therapie Limited, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 19 June 2017

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 19 June 2017.

5.0 How we inspect

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

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms McConnell, acting manager and authorised operator, Ms Mulholland, area manager, and one other authorised operator.

The following records were examined during the inspection:

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

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

The findings of the inspection were provided to Ms McConnell, acting manager and Ms Mulholland, area manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 8 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 (4) b Stated: First time	The registered person shall ensure that all fire exits are kept clear.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff confirmed that the fire exits were kept clear.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3.1 and 3.9 Stated: First time	The registered person shall update the adult safeguarding policy and provide adult safeguarding training to staff, commensurate with their role and responsibilities.	Met
	Action taken as confirmed during the inspection: The adult safeguarding policy has been updated to reflect the regional policy and guidance documents and safeguarding training has been provided to staff, commensurate with their role and responsibilities.	
Area for improvement 2 Ref: Standard 22.1 Stated: First time	The registered person shall repair or replace the door handle of laser room two.	Met
	Action taken as confirmed during the inspection: Ms McConnell confirmed that the door handle of laser room two had been repaired.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Discussion with Ms McConnell and staff confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. It was confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the lasers was maintained and kept up to date. Ms McConnell confirmed that all the staff employed are authorised operators and no other staff are employed that are not directly involved in the use of the laser equipment.

Ms McConnell confirmed that induction training is provided to new staff on commencement of employment.

A review of records and discussion with staff confirmed that all authorised operators 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 safeguarding of adults at risk of harm, in keeping with the RQIA training guidance. All three authorised operators had attended fire safety awareness training. However, two of the training certificates reviewed had an expiry date of three years from the date of the training. Ms McConnell was advised that fire safety awareness training should be undertaken on an annual basis in accordance with legislation.

Ms McConnell confirmed that authorised operators had not taken part in appraisals annually. This was discussed and assurances were given that appraisals would be undertaken at least on an annual basis. Following the inspection RQIA received confirmation that appraisals for staff had taken place.

Recruitment and selection

It was confirmed that no authorised operators have been recruited since the previous inspection. Ms McConnell confirmed that when new staff are recruited in the future all recruitment documentation will be sought and retained 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.

Safeguarding

It was confirmed that the laser service is not provided to persons under the age of 18 years.

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The policy outlined the role of safeguarding lead in the clinic and the safeguarding champion for the organisation.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for staff reference.

Laser safety

A laser safety file was in place which contained all of the relevant information in relation to the 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. The service level agreement between the establishment and the LPA was reviewed during September 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Myers during June 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The protective eyewear was available however it was not possible to check if it was in accordance with the local rules as the local rules did not provide sufficient information in this regard. It was agreed the local rules would be amended to provide greater detail on the protective eyewear. Following the inspection RQIA received a copy of the amended local rules outlining the detail on the protective eyewear provided.

The establishment's LPA completed a risk assessment of the premises during May 2018 and Ms McConnell confirmed that any recommendations made by the LPA have been addressed.

Ms McConnell is the laser protection supervisor (LPS) and has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. All authorised operators 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. Discussion with staff confirmed that systems are in place to ensure other authorised operators are aware of who is the identified 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 door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

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

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 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

The laser equipment had been serviced and maintained in line with the manufacturer's guidance and a copy of the recent service report was emailed to RQIA following the inspection.

Management of emergencies

As discussed, authorised operators 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.

There was a resuscitation policy in place.

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 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.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher was available. On the day of the inspection there was no evidence that the fire-fighting equipment had been serviced. Following the inspection RQIA received confirmation that the fire extinguishers had been serviced on 18 October 2018. It was confirmed that the fire alarm system and emergency lighting will be serviced before the end of October 2018. Staff demonstrated that they were aware of the action to take in the event of a fire, and a review of the training records confirmed that fire safety awareness training had taken place. As previously discussed Ms McConnell was advised that fire safety awareness training should be undertaken annually and not three yearly as stated on two of the training certificates reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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.

Four client care records were reviewed. There was, in general, an accurate and up to date treatment record which included:

- 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)

However, there was no record in respect of a skin assessment in one of the files reviewed and a patch test had not been recorded in another file reviewed. This was discussed and Ms McConnell gave assurances that this information would be retained in respect of future treatments.

Discussion with staff confirmed 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.

Discussion with staff and a review of the management of records policy confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO and a copy of the ICO registration certificate was emailed to RQIA following the inspection.

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.

Staff confirmed that management is approachable and their views and opinions are listened to and confirmed that staff meetings are held on a regular basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits and ensuring effective communication between clients and staff.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with Ms McConnell 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 and electronic records are password protected.

Clients have the opportunity to complete a satisfaction survey following each treatment. The results of each of these was recorded however the results had not been collated to provide a

summary report which is made available to clients and other interested parties. Following the inspection RQIA received confirmation that this had been actioned.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance

Since the previous inspection the acting manager had resigned and RQIA were informed that the management cover is being provided by Ms McConnell. RQIA have requested that an application for registered manager is submitted in respect of Ms McConnell.

Ms McConnell has overall responsibility for the day to day management of the service and is supported by Ms Mulholland, area manager for Therapie Limited.

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities, and were aware of whom to speak to if they had a concern. Staff confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised.

It was confirmed that Ms Mulholland, area manager undertakes a visit to the premises in accordance with legislation and the report of this visit is reviewed by the responsible individual. Reports of the unannounced monitoring visits were available to review during the inspection.

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

A copy of the complaints procedure was available and staff demonstrated good awareness of complaints management.

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

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms McConnell.

Ms McConnell demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was 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.

Following the inspection RQIA received a copy of insurance documentation to confirm that current insurance policies were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

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 McConnell.

6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All of the clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients indicated that they were very satisfied with each of

these areas of their care. Comments included in the submitted questionnaires are as follows:

- “Very professional service, very knowledgeable staff.”
- “I am very happy with my treatment and care. Thanks.”
- “Happy with the service. I really enjoy myself and the results I am getting from my treatments.”
- “Enjoyed my treatments at Therapie, staff are great.”
- “I am very pleased with my results, girls are lovely.”
- “Very pleased with the staff and service.”
- “Very impressed with the service provided.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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