

# Inspection Report

2 December 2022



## Therapie Clinic Ltd

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)

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[www.rqia.org.uk](http://www.rqia.org.uk)

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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

<b>Organisation/Registered Provider:</b> Therapie Ltd	<b>Registered Manager:</b> Ms Claire McConnell
<b>Responsible Individual:</b> Mr Phillip McGlade	<b>Date registered:</b> 30 January 2019
<b>Person in charge at the time of inspection:</b> Ms Claire McConnell.	
<b>Categories of care:</b> 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	
<b>Brief description of how the service operates:</b> Therapie Clinic Ltd provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Therapie Clinic Ltd has a category of care for an intense pulse light (IPL) machine and Ms McConnell told us that Therapie Ltd is no longer providing IPL treatments and that IPL machines are not on site.  Therapie Ltd is the registered provider and Mr Phillip McGlade is the responsible individual. Mr McGlade is also the responsible individual for three other services registered with RQIA.  <b>Equipment available in the service:</b>  <b>Laser equipment:</b> Manufacturer: Cynosure Model: Elite IQ Serial Number: RL221314 Laser Class: 4 Wavelength: 755 and 1064nm  Manufacturer: Cynosure Model: Elite IQ Serial Number: RL221313 Laser Class: 4 Wavelength: 755 and 1064nm  <b>Laser protection advisor (LPA):</b> Mr Alex Zarneh  <b>Laser protection supervisor (LPS):</b> Ms Laura Fox	

**Medical support services:** Dr Paul Reddy

**Authorised operator/s:**

Ms Laura Fox  
 Ms Julie O'Hara  
 Ms Aisha Rehman  
 Ms Cara Doherty  
 Ms Rebecca Kennedy  
 Ms Nadine O'Kane  
 Ms Demi Young  
 Ms Chantelle Pollock  
 Ms Aiofe McGee

**Types of laser treatments provided:**

Hair removal

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 December 2022 from 10:30 am to 2.30 pm. The inspection was facilitated by Ms McConnell, Registered Manager and Therapie Ltd's compliance manager was also present during the inspection.

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 staff recruitment; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); adherence to best practice guidance in relation to COVID-19; the management of clinical records; 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.

No immediate concerns were identified regarding the delivery of front line client care.

## 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 consulted on the day of the inspection and client feedback was assessed by reviewing a recent report generated by Therapie Clinic Ltd from completed client satisfaction surveys. Clients were overall 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?

Areas for improvement from the last inspection on 24 June 2021		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21(3), Schedule 3, Part 11 (8)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.2.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 19 (2) (d) Schedule 2, as amended  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.2.	

<b>Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a></b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 48.2 <b>Stated:</b> First time	The registered person shall ensure that the register of authorised operators is kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 48.6 <b>Stated:</b> First time	The registered person shall ensure that all authorised operators sign to indicate that they accept and understand the local rules and medical treatment protocols	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 48.10 <b>Stated:</b> First time	The registered person shall ensure that there is an accurate and up to date treatment record maintained for every client.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	

## 5.2 Inspection outcome

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

Ms McConnell told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients and confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the lasers is maintained and kept up to date.

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

A review of training records evidenced that 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, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

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

Discussion with Ms McConnell and a review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

It was determined that appropriate staffing levels were in place to meet the needs of clients.

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

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

A review of two personnel files of authorised operators recruited since the previous inspection evidenced that all the required recruitment documentation had been sought and retained for inspection. However, it was established that contracts of employment were offered prior to the completion of enhanced AccessNI checks. Discussion with the compliance manager confirmed that these are conditional offers and start dates are only offered following a satisfactory enhanced AccessNI outcome. Advice and guidance was provided to the compliance manager to ensure that authorised operators commence employment only when all conditions outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 have been met.

A review of records and discussion with Ms McConnell confirmed that all information as specified in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 as amended had been sought and retained prior to commencement of employment for new staff recruited since the previous inspection therefore it was determined that the previous areas for improvement 1 and 2 made against the regulations have been met, as outlined in section 5.1.

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

Ms McConnell 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 with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms McConnell and an authorised operator 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.

Review of records demonstrated that the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional guidance document entitled [Adult Safeguarding Prevention and Protection in Partnership \(July 2015\)](#) 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 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 (IPC) 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. 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.

The service had appropriate arrangements in place in relation to IPC and decontamination

#### **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 authorised operators who outlined the measures that will be taken by Therapie Clinic Ltd to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.



### 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.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has 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 procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the 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 reviewed and this expires on 1 October 2023.

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

The establishment's LPA completed a remote risk assessment of the premises during 18 October 2022 and all recommendations made by the LPA have been addressed.

Ms McConnell told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. The medical treatment protocols are due to expire during August 2024 and systems are in place to review these 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 and an up to date list of authorised operators was maintained therefore it was determined that the previous area for improvement 1 made against the standards has been met, as outlined in section 5.1.

Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols. It was determined that the previous area for improvement 2 made against the standards has been met, as outlined in section 5.1.

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 door 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. Arrangements are in place for the safe custody of the keys when not in use as described in the local rules. Protective eyewear is available for the client and operator as outlined in the local rules.



The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. 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 and authorised operators told us that they complete the relevant section of the registers every time the equipment is operated, the registers include:

- 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 of the lasers was undertaken in September 2022.

As noted in section 1 above, Ms McConnell told us that Therapie Clinic Ltd was no longer providing IPL treatments. Following the inspection the compliance manager was informed by phone call that a variation application should be submitted to RQIA to remove this category of care.

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.

Two client care records were reviewed. There was an accurate and up to date treatment record for every client 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)

It was determined that the previous area for improvement 3 made against the standards has been met, as outlined in section 5.1.

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.

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

Therapie Clinic Ltd is registered with the Information Commissioners Office (ICO). A review of the current ICO registration certificate evidenced that registration is due to expire during February 2023.

It was determined that appropriate arrangements were in place to ensure clients have a planned programme of care and have sufficient information to consent to treatment.

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

Discussion with Ms McConnell and an authorised operator regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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.

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

As discussed in section 4.0 of the most recent client satisfaction report found that clients were satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

#### **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 McConnell 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.

The most recent unannounced monitoring visit had been undertaken on 8 November 2022 and the report was available for inspection. Ms McConnell confirmed that all reports are 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.

Discussion with Ms McConnell confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms McConnell confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Ms McConnell 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 McConnell confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request. Advice and guidance was provided to include the name of the registered manager in the statement of purpose, and to update RQIA's address in the client guide.

The RQIA certificate of registration was displayed in a prominent place.

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

It was determined that suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

#### 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 McConnell.

### 6.0 Quality Improvement Plan/Areas for Improvement

	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 McConnell as part of the inspection process and can be found in the main body of the report.



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