

Announced Care Inspection Report 19 June 2017



Therapie Clinic Ltd

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser/ Intense Pulsed Light (IPL) Service
Address: 1 - 3 Fountain Street, Londonderry BT48 6QX
Tel No: 028 7126 5379
Inspector: Winifred Maguire**

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

This is a registered cosmetic laser/IPL service providing hair removal using a class 4 laser.

Laser Equipment

Manufacturer: Alma
 Model: Soprano XL
 Serial Number: S12P0120
 Laser Class: 4
 Wavelength: 755nm

Laser protection advisor (LPA):

- Mr Alex Zarneth

Laser protection supervisor (LPS):

- A named authorised operator

Medical support services:

- Dr Ross Martin

Authorised operators:

Jayne Gardiner
Nicole Heaney
Victoria Elliott
Clare McConnell

3.0 Service details

Organisation/Registered Provider: Therapie Ltd Mr Mark Shortt	Registered Manager: Acting Ms Orla Mulholland/ Ms Gemma Knightly
Person in charge at the time of inspection: Mr Mark Shortt	Date manager registered: Awaiting appointment
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	

4.0 Inspection summary

An announced inspection took place on 19 June 2017 from 10.50 to 14.20.

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, Social Services and Public Safety (DHSSPS) 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.

Evidence of good practice was found in relation to: staff recruitment; induction; training; appraisals; laser safety; management of a medical emergency; infection and prevention control; completion and management of client records; range and quality of audits; effective communication between clients and staff; maintaining client confidentiality; ensuring core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices; governance arrangements; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring fire exits are kept clear; the updating of the adult safeguarding policy and the undertaking of adult safeguarding training; and maintaining the premises in a good state of repair.

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

Following the inspection Mr Mark Shortt, registered person, informed RQIA that he was resigning his position within the company and would therefore not be continuing as registered person. Further to this, RQIA have received an application for the registered person's position from Mr Phillip McGlade which is being processed in accordance to RQIA procedures.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Mark Shortt, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 15 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 June 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

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

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

During the inspection the inspector met with Mr Mark Shortt, registered person; Ms Deirdre O'Dowd, operations director for Ireland; Ms Emma McFarlane, regional manager; and one 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.

The findings of the inspection were provided to Mr Shortt at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 June 2016

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 15 June 2016

Areas for improvement from the last care inspection		
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 22 Stated: First time	The strips of dampness in laser room one should be made good.	Met
	Action taken as confirmed during the inspection: Remedial work on the strips of dampness has taken place and the area repainted. However the laser used in laser room one has been decommissioned and the room is no longer used to provide laser services.	
Area for improvement 2 Ref: Standard 16 Stated: First time	The staff handbook should be readily available to all staff and a copy of the whistleblowing policy should be placed in the establishment's policy and procedure file.	Met
	Action taken as confirmed during the inspection: Staff confirmed that they have access to the staff handbook and they were aware of the whistleblowing policy and where to find it. The whistle blowing policy was noted to be available in the policies and procedures file.	

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 Mr Shortt 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 laser 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; and fire safety.

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 Mr Shortt and staff and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

A review of a personnel file of an authorised operator recruited since the previous inspection and discussion with Mr Shortt confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with had some awareness of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A policy was in place for the adult safeguarding. This policy did not fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff have not had formal training on adult safeguarding. An area of improvement was identified in relation the updating of the adult safeguarding policy and the provision of adult safeguarding training to staff, commensurate with their role and responsibilities.

Laser safety

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis.

Laser procedures are carried out by trained operators in accordance with a medical treatment protocol produced by Dr Ross Martin in May 2015 and due for review in May 2018. The medical treatment protocol contained the relevant information pertaining to the treatment 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 establishment's LPA completed a risk assessment of the premises in July 2016 and no recommendations were made.

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

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

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

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of 23 February 2017 was reviewed as part of the inspection process.

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. It was suggested to ascertain where the nearest automated external defibrillator (AED) is available and make staff aware of same.

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 fair standard of maintenance and décor. Cleaning schedules for the establishment were in place.

It was noted the door handle to laser room two was not secure. An area of improvement was identified in relation to ensuring the repair or replacement of this door handle.

Portable appliances testing and a fixed electrical wiring installation inspection is scheduled in the coming weeks.

A large waste receptacle was positioned in front of a fire exit door on the ground floor. Mr Shortt gave assurances the waste receptacle would be removed immediately. An area of improvement was identified in relation to keeping all fire exits clear.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Client and staff views

Seventeen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm. Sixteen clients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- “Excellent staff.”
- “Staff are all lovely.”
- “Very safe.”
- “Lovely girls.”

Four staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm and all indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment; induction; training; appraisal; laser safety; management of emergencies; and infection prevention and control.

Areas for improvement

Update the adult safeguarding policy and provide adult safeguarding training to staff, commensurate with their role and responsibilities.

Repair or replace of door handle of laser room two.

All fire exits must be kept clear.

	Regulations	Standards
Total number of areas for improvement	1	2

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.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

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

The establishment is registered with the Information Commissioners Office (ICO).

Communication

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

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

Staff confirmed that management is approachable and their views and opinions are listened to. It was confirmed that staff meetings are held on a monthly basis.

Client and staff views

All clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Sixteen clients indicated that they were very

satisfied with this aspect of care and one indicated that they were satisfied. The following comment was provided:

- “Fantastic care and treatment.”

All submitted staff questionnaire responses indicated that they felt that clients get the right care, at the right time and with the best outcome for them and that they were very satisfied with this aspect of care. Staff spoken with during inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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 an authorised operator 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 locked filing cabinets and electronic records are password protected.

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

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

- “Very informative.”
- “Lovely experience.”

- “Great service.”
- “Very welcoming.”

Client and staff views

All clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Sixteen indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that clients are treated with dignity and respect and are involved in decision making affecting their care, and all indicated that they were very satisfied with this aspect of care. Staff spoken with concurred with this on inspection. No comments were included in submitted questionnaire responses.

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 areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. The registered manager has resigned and a replacement is presently being recruited. RQIA were informed of the absence of the registered manager. It was confirmed management cover is being provided by Ms Orla Mulholland, registered manager for Therapie Clinic, Newry, and Ms Gemma Knightly, registered manager for Therapie Clinic, Enniskillen.

Mr Mark Shortt was the registered person and it was confirmed he visits the clinic on at least a monthly basis.

The role of the registered person was discussed with Ms Deirdre O'Dowd, operations director for Ireland and Ms Emma McFarlane, regional manager, with a view to a possible change in

the registered person in the future. Advice was also given on the RQIA's registration process. As stated previously, Mr Shortt resigned his position as registered person following the inspection and Mr Phillip McGlade has submitted a registered person's application to RQIA.

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

It was confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mr Shortt demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Mr Shortt and staff confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The following audits were reviewed:

- infection prevention and control
- client records
- laser register
- staff personnel files
- laser protective eyewear
- policies and procedures

A whistleblowing/raising concerns policy was available and a minor amendment was suggested. Discussion with an authorised operator confirmed that they were aware of who to contact if they had a concern.

Mr Shortt demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

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

Client and staff views

All clients who submitted questionnaire responses indicated that they felt that the service is well managed. Sixteen indicated that they were very satisfied with aspect of the service and one indicated that they were satisfied. Comments provided included the following:

- “Very professional.”
- “Good client care.”
- “Very satisfied, xxx is excellent. Highly recommend it.”
- “Staff know their stuff, very well educated.”
- “The staff are fantastic and very knowledgeable.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Two indicated that they were very satisfied with this aspect of the service and two indicated that they were satisfied. Staff concurred with this during inspection. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Mark Shortt, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the laser/IPL service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (4) b Stated: First time To be completed by: 19 June 2017	The registered person shall ensure that all fire exits are kept clear. Ref: 6.4 Response by registered person detailing the actions taken: All obstacles in the fire exits were all cleared just after the inspection.
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 and 3.9 Stated: First time To be completed by: 19 August 2017	The registered person shall update the adult safeguarding policy and provide adult safeguarding training to staff, commensurate with their role and responsibilities. Ref:6.4 Response by registered person detailing the actions taken: The policy on safeguarding adult was updated based on the new regional policy and guidance issued during July 2015. All staff had their updated training on adult safeguarding.
Area for improvement 2 Ref: Standard 22.1 Stated: First time To be completed by: 19 July 2017	The registered person shall repair or replace the door handle of laser room two. Ref: 6.4 Response by registered person detailing the actions taken: The door handle of laser room two was repaired the following day after the inspection.



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