Unannounced Care Inspection Report
25 September 2020

Optilase Therapie

Type of Service: Independent Hospital (IH) – Refractive Eye Laser Surgery, Dermatological Laser/Intense Pulse Light and Private Doctor Service
Address: 36 Ann Street, Belfast, BT1 4EG
Tel No: 0800 044 3236
Inspectors: Karen Weir and Norma Munn

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

In respect of refractive eye and cosmetic laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic;
- laser and intense pulse light (IPL) safety;
- infection prevention and control (IPC);
- organisational governance arrangements;
- staff and client feedback; and
- review of areas for improvement identified during the previous care inspection (if applicable).

2.0 Profile of service

Optilase Therapie is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: Prescribed Techniques or Prescribed Technology: establishments using Class 3B or Class 4 lasers and establishments using Intense Light sources PT (IL); and Private Doctor (PD) service.

The laser services are provided in two distinct categories:

- Refractive laser eye surgery
- Dermatological laser service

The establishment also provides a range of cosmetic/aesthetic treatments.

This unannounced inspection focused solely on those treatments provided using the dermatological lasers that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

We did not review the refractive laser eye surgery and PD categories of care during this inspection and these will be inspected at a subsequent inspection.

Dermatological laser services

Laser equipment (six identical lasers, one of which had been recently installed)

Manufacturer:	Cynosure
Laser Class:	Class 4
Model:	Elite EM+
Wavelength:	Alexandrite- 755nm, Nd-Yag -1064nm
Serial Numbers:	ELM1703, ELM1978, ELM1976, ELM1975, ELM1820, ELM2667

Laser protection advisor (LPA):

Mr Alex Zarneh

Laser protection supervisor (LPS):

Ms Orla Mulholland

Medical support services:

Dr Paul Reddy (Medical Director of Therapie)

Authorised operators:

Ms Lisa Marie Saygivar, Ms Robyn McCullagh, Ms Aine Russell, Ms Rachael McGarry, Ms Kara Minnis, Ms Louise Smyth, Ms Eimear Fitzpatrick, Ms Rachael Murphy, Ms Rachael McCaughey, Ms Kate McMullan, Ms Emma McClure, Ms Megan Burke and Ms Niamh Quinn.

Types of treatment provided:

Hair removal/reduction

3.0 Service details

Organisation/Registered Provider: Therapie Clinic Ltd **Responsible Individual:** Mr Phillip McGlade	**Registered Manager:** Ms Orla Mulholland
Person in charge at the time of inspection: Ms Orla Mulholland	**Date manager registered:** 4 December 2018
Categories of care: (IH) Independent Hospital PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Intense Light; and PD Private Doctor	

4.0 Inspection summary

This unannounced inspection of the dermatological laser services provided by Optilase Therapie was undertaken, on 25 September 2020 from 11:35 to 15:15 hours, following anonymous information being received by RQIA in relation to laser safety and infection prevention and control (IPC) practices within the establishment.

It is not within the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers. However, if RQIA is notified of a potential breach of regulations or standards, we will review the matter and take appropriate action as required; this may include an inspection of the establishment.

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year in relation to the dermatological laser service and to review the arrangements in place in respect of laser safety and IPC.

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).

We identified issues in relation to the availability of staff recruitment records, the development of policies and procedures for the management of COVID-19; laser safety; infection prevention and control (IPC); and unannounced quality monitoring visits by the Registered Provider.

We will continue to monitor and review the quality of service provided in Optilase Therapie and will carry out a follow-up inspection to assess compliance with the regulations and standards.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	6*	6*

** There are six areas for improvement against the regulations and six against the standards arising from this inspection. These include:

- three new areas for improvement against the regulations in relation to the availability of staff recruitment records, laser safety signs and infection prevention and control;
- one new area for improvement against the standards in relation to the development COVID-19 policies and procedures;
- one area for improvement against the regulations regarding unannounced visits by the registered provider which was stated for the second time;
- two areas for improvement against the standards regarding laser safety awareness training and the audit of protective eyewear which were stated for the second time; and
- two areas for improvement against the regulations and three against the standards that were not reviewed as part of this inspection and have been carried forward to the next inspection.

We discussed the details of the Quality Improvement Plan (QIP) with Ms Mulholland, Registered Manager, 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 29 and 30 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 and 30 May 2019.

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the service. 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; and
- the returned QIP from the previous care inspection.

We undertook a tour of the dermatological laser service section of the premises, met with Ms Mulholland, three authorised operators and one receptionist and reviewed relevant records and documents in relation to the day to day operation of the establishment.

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

The findings of the inspection were provided to Ms Mulholland at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 and 30 May 2019

The most recent inspection of Optilase Therapie 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 29 and 30 May 2019

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 19.2 **Stated:** First time	The Registered Person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained prior to the commencement of employment.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: We were informed that several new authorised operators had commenced employment since the previous inspection. Ms Mulholland told us that documentation as outlined in the legislation had been sought and retained in respect of these staff members however; the records in relation to recruitment were not available to review on site. We were not able to evidence the action required to ensure compliance with this regulation as part of this inspection and this area for improvement will be carried forward to the next care inspection. We advised Ms Mulholland to ensure that all records pertaining to the recruitment and selection of staff are available for review by inspectors at all times. An additional area for	

	improvement against the regulations was made in this regard.	
Area for improvement 2 **Ref**: Regulation 15.2 **Stated:** First time	The Registered Person shall ensure the provision of protective eyewear is in a state of good repair for each laser machine as outlined in the local rules and the reporting of the defective protective eyewear to the manufacturers and Northern Ireland Adverse Incident Centre.	**Met**
	Action taken as confirmed during the inspection: Ms Mulholland advised that protective eyewear was available for the clients and operators as outlined in the local rules. However, we observed that several operator protective eyewear had cracked lenses and were not in a good state of repair and staff told us that there were insufficient quantities of total blocking protective eyewear provided for clients. We discussed this with Ms Mulholland and following the inspection we received evidence that a sufficient supply of operator protective eyewear and total blocking protective eyewear for clients had been ordered. We advised Ms Mulholland to ensure that the defective protective eyewear is reported to the manufacturers and Northern Ireland Adverse Incident Centre.	
Area for improvement 3 **Ref**: Regulation 21(1),(3) Schedule 3 PART II, 3 **Stated:** First time	The Registered Person shall ensure the laser register is completed accurately, to include the full name of the client, the treatment given with precise information such as the number of shots, the air cooler serial number on the front of the laser register, a list of authorised operators' signatures/initials with their printed name on the front inner cover of each laser register.	**Met**
	Action taken as confirmed during the inspection: Staff told us that a laser register has been maintained in respect of each laser machine every time the laser is operated. We reviewed one of the laser registers and found this to be completed in line with the	

	minimum standards We observed that the air cooler serial number was recorded on the front of the register and we could clearly identify the name of the authorised operators recorded. We reminded staff to ensure that a record of the client's patch test is included in the laser register.	
Area for improvement 4 **Ref**: Regulation 26 **Stated:** First time	The Registered Person shall ensure that arrangements for six monthly monitoring visits are established and implemented in accordance to Regulation 26.	**Not met**
	Action taken as confirmed during the inspection: Ms Mulholland advised that monitoring visits on behalf of the Registered Provider had not been undertaken on a six monthly basis in accordance with Regulation 26. We found that this area for improvement had not been addressed and is stated for a second time. This is discussed further in section 6.7 of this report.	
Area for improvement 5 **Ref**: Regulation 23 **Stated:** First time	The Registered Person shall ensure that complaints are managed in accordance to legislation and the establishment's complaints procedure. Comprehensive complaints records should be available for inspection.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: We did not review the action required to ensure compliance with this regulation as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 6 **Ref**: Regulation 21(1) **Stated:** First time	The Registered Person shall ensure client records for the dermatological laser service include consistent details of the laser treatment provided such as number of shots.	**Met**
	Action taken as confirmed during the inspection: Staff told us that electronic client care records are retained. We reviewed a selection of client care records and found an accurate and up to date treatment record for every client, which contained a record of the treatment delivered including the number of shots.	
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 48.3 **Stated:** First time	The Registered Person shall liaise with Dr Paul Reddy (medical support service) to review the medical treatment protocols to ensure only pertinent information relating to treatments provided by the dermatological laser service is outlined in the medical treatments protocols.	**Met**
	Action taken as confirmed during the inspection: We reviewed the medical treatment protocols produced by Dr Paul Reddy dated August 2020. We noted that the medical treatment protocols still contained information relating to treatments not provided by this establishment. We identified that the medical treatment protocols were corporate protocols that included a statement to confirm that laser hair removal is the only treatment provided in the dermatological laser service in Optilase Therapie. We have suggested that Dr Reddy revisits the medical treatment protocols again to ensure that they contain information relating to the services provided in this establishment to ensure staff are clear around the services that are provided. Ms Mulholland has agreed to ensure this is actioned.	

Area for improvement 2 **Ref**: Standard 48.13 **Stated:** First time	The Registered Person shall ensure that staff who are not directly involved in the laser service, have laser safety awareness training and a record is maintained and available for inspection.	**Not Met**
	Action taken as confirmed during the inspection: Ms Mulholland could not provide evidence that staff who are not directly involved in the laser service, had laser safety awareness training. This area for improvement had not been addressed and is stated for a second time.	
Area for improvement 3 **Ref**: Standard 10.6 **Stated:** First time	The Registered Person shall ensure that staff appraisals are carried out and recorded at least annually. Consideration should be given to provide management personnel who conduct staff appraisals with training in relation to this role.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 **Ref**: Standard 9.3 **Stated:** First time	The Registered Person shall strengthen audit arrangements for the review of laser rooms to include site inspection of the protective eyewear.	**Not met**
	Action taken as confirmed during the inspection: Ms Mulholland was unable to provide evidence that an audit of the laser rooms had been undertaken to include inspection of the protective eyewear. This area for improvement had not been addressed and is stated for the second time.	
Area for improvement 5 **Ref**: Standard 18.3 **Stated:** First time	The Registered Person shall ensure the provision a portable suction machine as part of the emergency medical equipment available in the establishment.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 6 **Ref**: Standard 20 **Stated:** First time	The Registered Person shall remove furniture from laser rooms which cannot be easily cleaned and ensure the laser rooms are kept clean, tidy and free from dust. The IPC audit should be strengthened to include these matters.	**Not met**
	Action taken as confirmed during the inspection: We observed that the laser rooms, in general, were kept clean, tidy and free from dust. However, the room that housed the new laser was cluttered with various items making it difficult to ensure effective cleaning could take place. We discussed this with Ms Mulholland and assurances were given that the room would be decluttered and deep cleaned. We were not able to evidence that an IPC audit had been undertaken. This area for improvement had not been fully addressed and has been incorporated into an overall area for improvement against the regulations in relation to infection prevention and control.	
Area for improvement 7 **Ref**: Standard 7.1 **Stated:** First time	The Registered Person shall ensure that the complaint's procedure should be updated to include a clear outline of roles and responsibilities in relation to complaints reflecting current organisational structures and RQIA's name, address and telephone number as a regulatory only.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

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 consider the risks to their clients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Ms Mulholland who outlined the measures taken by Optilase Therapie to ensure current best practice measures were in place. We observed that staff practice in relation to the management of COVID-19 was in line with best practice guidance and we determined that, in general, appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures had not been developed in keeping with best practice guidance. We discussed this with Ms Mulholland and advised that she seek further guidance regarding this from the DoH and Public Health Agency. An area for improvement against the standards has been made in this regard.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead and had arrangements in place to maintain social distancing; prepare staff and the client pathway.

Areas for improvement: **Management of operations in response to COVID-19 pandemic**

We identified an area for improvement against the standards to ensure that COVID-19 policies and procedures are developed and updated in keeping with best practice guidance. These policies should be made available for staff reference.

	Regulations	Standards
Areas for improvement	0	1

6.5 Laser Safety

We reviewed the arrangements in respect of the safe use of the laser equipment.

We reviewed the laser safety file and found that it did not contain a copy of the Laser Protection Advisor (LPA) agreement/contract or a copy of the risk assessment in respect of one of the laser machines. We discussed this with Ms Mulholland and she agreed to ensure this was addressed with immediate effect.

Ms Mulholland told us that a LPA had been appointed and following the inspection, we received evidence that the LPA agreement/contract was dated 28 September 2018 and had been reviewed on 26 September 2020, which was the day following the inspection. We advised that the LPA agreement/contract must be reviewed annually in keeping with best practice guidance and available in the laser safety file for inspection at any time.

We found up to date Local Rules were in place for all six laser machines which had been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used. Ms Mulholland advised that arrangements were in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed that they included the following:

- the potential hazards associated with lasers;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

Ms Mulholland informed us that a number of newly recruited authorised operators had been employed since the previous inspection. In accordance with best practice guidance, authorised operators must sign and date the authorised operator register to confirm that they have read and understood the Local Rules and medical treatment protocols. We were unable to review the authorised operator register on the day of the inspection, however, following the inspection we received evidence that the authorised operators had signed and dated the authorised operators register. We noted that this register had been completed following the inspection. Ms Mulholland was advised to ensure that the register of authorised operators is kept up to date at all times.

As discussed, during the previous inspection we had identified that the medical treatment protocols contained information relating to treatments not provided and an area for improvement had been identified in this regard. We reviewed the most recent medical treatment protocols produced by Dr Paul Reddy dated August 2020. We noted that the medical treatment protocols still contained information relating to treatments not provided by this establishment. We identified that the medical treatment protocols were corporate protocols that included a statement to confirm that laser hair removal is the only treatment provided in the dermatological laser service provided by Optilase Therapie. We have suggested that Dr Reddy revisits the medical treatment protocols again to ensure that they contain information relating to the services provided in this establishment to ensure staff are clear around the services that are provided.

We noted the medical treatment protocols set out the arrangements in relation to the following:

- contraindications;
- technique;
- pre-treatment tests;
- pre-treatment care;
- post-treatment care;
- recognition of treatment-related problems;
- procedure if anything goes wrong with treatment;
- permitted variation on machine variables; and
- procedure in the event of equipment failure.

During the previous inspection we found there were five identical lasers in the establishment. We reviewed the LPA risk assessments in relation to the five original laser machines undertaken during December 2019 and noted the issues identified by the LPA had been

addressed by the LPS. However, during August/September 2020 an additional sixth laser machine had been provided. Ms Mulholland advised us that a risk assessment had been undertaken by the LPA however, we were not able to review the risk assessment in respect of this new laser during the inspection. Following the inspection, we received evidence that a risk assessment had been undertaken during September 2020. Ms Mulholland confirmed that the recommendations made had been addressed.

Ms Mulholland confirmed that she had recently taken up the role of the LPS and has overall on-site responsibility for safety during laser treatments. We found that Ms Mulholland's name was not recorded within the Local Rules as being the appointed LPS. Following the inspection, we received evidence to confirm that this had been actioned.

We were not able to review training records on the day of the inspection. Following the inspection, we received evidence that authorised operators had up to date training in core of knowledge; safe application for the equipment in use; basic life support; IPC; fire safety awareness; and safeguarding adults at risk of harm in keeping with the RQIA training guidance. However, we were not able to evidence that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training. We discussed this with Ms Mulholland who agreed to address this issue. This had been identified during the previous inspection and an area for improvement against the standards has been stated for a second time.

We spoke with staff regarding how they undertake client consultations and they told us that an initial consultation is undertaken before treatment is commenced and clients are asked to complete a health questionnaire.

Staff told us that patch testing for clients was carried out prior to confirming suitability for treatment, in keeping with the medical treatment protocols.

We reviewed one of the laser registers which was located in a safe area and found it to be well maintained with the exception of the recording of one client's patch test. We reminded staff to include a record each time the laser is used in the laser register, including patch tests. We found the register included:

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

Staff told us that electronic client records are retained. We reviewed three client care records and found an accurate treatment record for every client identified. The treatment records for each client included:

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

However, we found that there was no record of treatment in respect of one client who had been treated on the morning of the inspection. Staff informed us that they had not had time to complete the client's care record. We advised staff that the recording of treatment should be contemporaneous. We discussed this with Ms Mulholland who gave assurances that this issue would be addressed.

We reviewed a selection of laser treatment rooms. We noted the door to the treatment rooms could be locked when the laser machine is in use but opened from the outside in the event of an emergency. Staff told us that the treatment rooms are controlled areas that are clearly defined and not used for other purposes, or as access to areas when treatment is being carried out. We observed that laser safety warning signs were illuminated when the laser equipment was in use, however, staff needed to be reminded to turn off the laser safety warning signs when not in use. We did not observe a laser safety illuminating warning sign outside the room where the new laser was being used. We discussed this with Ms Mulholland who agreed to address this issue with immediate effect. Following the inspection we received evidence to confirm that this had been actioned. An area for improvement has been made to ensure that laser safety warning signs are illuminated outside of the laser room when the laser is in use and turned off when not in use.

Ms Mulholland informed us that protective eyewear was available for the client and operator as outlined in the Local Rules. However, staff informed us that there was insufficient total blocking protective eyewear provided for clients and we observed several operator protective eyewear had cracked lenses. The importance of providing sufficient protective eyewear in a good state of repair was fully discussed with Ms Mulholland who confirmed that there had been ongoing problems with the protective eyewear cracking and new eyewear had been ordered.

Following the inspection, we received evidence that new operator protective eyewear and total blocking protective eyewear for clients had been ordered. We advised Ms Mulholland to ensure that the defective protective eyewear was reported to the manufacturers and Northern Ireland Adverse Incident Centre and she agreed to address this.

Ms Mulholland was unable to provide evidence that an audit of the laser rooms had been undertaken which included inspection of the protective eyewear to ensure it was fit for purpose. This issue was identified during the previous inspection and an area for improvement against the standards has been stated for the second time.

We observed that the lasers were operated using a key. We reviewed the arrangements in relation to the safe custody of the keys and confirmed the arrangements to be generally satisfactory. We reminded staff to ensure that the lasers were turned off and the keys removed to a safe place when not in use.

Ms Mulholland advised that arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. We reviewed service reports for the original five lasers which were dated December 2018. We were informed that these records were not the most up to date service records. Following the inspection, we received evidence that the original five lasers had been serviced during 2020 and the newly installed sixth laser had been serviced on 17 August 2020.

We observed carbon dioxide (CO2) fire extinguishers suitable for electrical fires were available in the clinic. We confirmed that arrangements were in place to ensure these fire extinguishers are serviced in keeping with the manufacturer's instructions.

Areas of good practice: Laser safety

We reviewed the current arrangements with respect to laser safety and evidenced good practice in relation to the training of authorised operators.

Areas for improvement: **Laser safety**

We identified the following areas for improvement in relation to laser safety:

- staff who are not directly involved in the laser service should have laser safety awareness training and a record should be maintained and available for inspection;
- laser safety warning signs should be illuminated outside of the laser room when the laser is in use and turned off when not in use; and
- the audit arrangements for the review of laser rooms should be strengthened to include inspection of the protective eyewear to ensure that it is fit for purpose.

	Regulations	Standards
Areas for improvement	1	2

6.6 Infection prevention control (IPC)

We undertook a tour of some areas of the premises where the dermatological lasers were in use, and found they were maintained to a good standard of maintenance and décor.

We reviewed arrangements for IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We confirmed that the establishment had overarching IPC policies and procedures in place which were readily accessible to staff.

In relation to the management of operations in response to the COVID-19 pandemic we observed staff practice was in line with best practice guidance and we determined that, in general, appropriate actions had been taken in this regard. However, as previously discussed COVID-19 policies and procedures had not been developed in keeping with best practice guidance.

Following the inspection, we reviewed training records and confirmed staff had been provided with IPC training commensurate with their role.

Staff described the arrangements to decontaminate the environment and equipment between clients. Staff identified that there was not always sufficient time available to effectively clean the environment in between clients. This was discussed with Ms Mulholland who agreed to address this issue as a matter of urgency.

We observed sufficient Personal Protective Equipment (PPE) provision for staff and clients. Staff displayed good knowledge of when to wear, change and how to donn and doff PPE. Staff who spoke with us were also knowledgeable in relation to waste management.

We identified the following issues to be addressed in relation to IPC:

- ensure that hand hygiene posters are displayed in laser treatment rooms and in the visitors toilet area;

- ensure that disposable hand towels are provided in the identified treatment room beside the hand wash basin;
- ensure that cleaning records are kept up to date;
- declutter the identified laser treatment room to ensure effective cleaning can take place;
- ensure staff are adhering to hand hygiene and uniform policy in keeping with best practice;
- ensure that staff have sufficient time scheduled between client appointments to clean the environment effectively; and
- review and strengthen the IPC audit to include the issues identified in relation to IPC.

An area for improvement against the regulations has been made in this regard.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced sufficient PPE provision and staff displayed good knowledge of when to wear, change and how to donn and doff PPE.

Areas for improvement: Infection prevention and control (IPC)

We identified a number of IPC issues in relation to hand hygiene posters; disposable hand towels; cleaning records; the environment of one laser room; adherence with the hand hygiene and uniform policy; time allocated to effectively clean equipment between clients; and strengthening the IPC audit to provide an appropriate level of assurance.

	Regulations	Standards
Areas for improvement	1	0

6.7 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a cosmetic laser service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

We could not evidence that an unannounced quality monitoring visit on behalf of the Registered Provider had been undertaken since the previous inspection as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

We discussed this with Ms Mulholland and advised that unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.
A report should be produced and made available for clients, their representatives, staff, RQIA and any other interested parties to read and an action plan developed to address any issues identified during the visit to include timescales and person responsible for completing the action.

This issue had been identified during the previous inspection and an area for improvement against the regulations has been stated for the second time.

Area for improvement: Visits by the Registered Provider (Regulation 26)

Quality monitoring visits by the Registered Provider should be undertaken in keeping with the legislation and a report of the findings made available to all interested parties.

	Regulations	Standards
Areas for improvement	1	0

7.0 Quality improvement plan

We identified areas for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Ms Mulholland, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The Registered Person/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. It is the responsibility of the Registered Person 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 dental practice. 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 and 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 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.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 19 (2), as amended **Stated:** First time	The Registered Person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is obtained prior to the commencement of employment. Ref: 6.2
	Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 **Ref:** Regulation 21 (3), Schedule 3, Part II (8) **Stated:** First time **To be completed by:** 25 September 2020	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 at all times for inspection. Ref: 6.2
	Response by registered person detailing the actions taken: All personnel files on site and audited. Certifications of all staff members sent to RQIA
Area for improvement 3 **Ref:** Regulation 39 (2) **Stated:** First time **To be completed by:** 25 September 2020	The registered person shall ensure that laser safety warning signs are illuminated outside of the laser room when the laser is in use and turned off when not in use. Ref: 6.5
	Response by registered person detailing the actions taken: This has been actioned and all staff are reminded daily to ensure light is illuminated when laser is in use as per local rules

Area for improvement 4 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 9 October 2020	The Registered Person shall address the identified infection prevention and control issues as follows: • ensure that hand hygiene posters are displayed in laser treatment rooms and in the visitors toilet area; • ensure that disposable hand towels are provided in the identified treatment room beside the hand wash basin; • ensure that cleaning records are kept up to date; • declutter the identified laser treatment room to ensure effective cleaning can take place; • ensure staff are adhering to hand hygiene and uniform policy in keeping with best practice; • ensure that staff have sufficient time scheduled between client appointments to clean the environment effectively ; and • review and strengthen the IPC audit to provide an appropriate level of assurance regarding the issues identified. Ref: 6.2 and 6.6
	Response by registered person detailing the actions taken: - All posters displayed in treatment and toilet areas - All hand towel holders mounted - All cleaning records are up to date (daily, weekly and monthly) - Laser and body room has been separated - All therapists are reminded daily of hand hygiene. Daily compliance logged - Extra 10 minutes has been added on to all treatments - Additional control measures implemented in relation to IPC
Area for improvement 5 **Ref:** Regulation 26 **Stated:** Second time **To be completed by:** 9 October 2020	The Registered Person shall ensure that arrangements for six monthly unannounced quality monitoring visits are established and implemented in accordance to Regulation 26. Ref: 6.2 and 6.7
	Response by registered person detailing the actions taken: Registered manager from Newry appointed by Phillip McGlade to carry out unannouced compliance visits and report to registered manager and responsible individual
Area for improvement 6 **Ref:** Regulation 23 **Stated:** First time	The Registered Person shall ensure that complaints are managed in accordance to legislation and the establishment's complaints procedure. Comprehensive complaints records should be available for inspection. Ref: 6.2
	Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref**: Standard 20.2 **Stated:** First time **To be completed by:** 9 October 2020	The Registered Person shall ensure that COVID-19 policies and procedures are developed and updated in keeping with best practice guidance and made available for staff reference. Ref: 6.4
	Response by registered person detailing the actions taken: COVID-19 folder has been updated and available at reception for all staff members. All trainings that have been carried out by staff members online in relation to COVID-19 can be reviewed at any time.
Area for improvement 2 **Ref**: Standard 48.13 **Stated:** Second time **To be completed by:** 9 October 2020	The Registered Person shall ensure that staff who are not directly involved in the laser service, have laser safety awareness training and a record is maintained and available for inspection. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: All staff members who aren't directly involved in the laser service have completed Laser Safety Awareness
Area for improvement 3 **Ref**: Standard 9.3 **Stated:** Second time **To be completed by:** 9 October 2020	The Registered Person shall strengthen audit arrangements for the review of laser rooms to include inspection of the protective eyewear to ensure it is fit for purpose. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: a daily signed log sheet is completed at the start and end of shift that includes audit of protective eyewear
Area for improvement 4 **Ref**: Standard 10.6 **Stated:** First time	The Registered Person shall ensure that staff appraisals are carried out and recorded at least annually. Consideration should be given to provide management personnel who conduct staff appraisals with training in relation to this role. Ref: 6.2
	Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5 **Ref**: Standard 18.3 **Stated:** First time	The Registered Person shall ensure the provision a portable suction machine as part of the emergency medical equipment available in the establishment. Ref: 6.2
	Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 6 **Ref**: Standard 7.1 **Stated:** First time	The Registered Person shall ensure that the complaint's procedure should be updated to include a clear outline of roles and responsibilities in relation to complaints reflecting current organisational structures and RQIA's name, address and telephone number as a regulatory only. Ref: 6.2
	Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.

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

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