

Inspection Report

21 January 2022



Therapie Optilase

Type of service: Independent Hospital – Cosmetic Laser
Address: Unit 1, Canal Court, Merchant's Quay, Newry, BT35 8HF
Telephone number: 028 3083 2799

www.rqia.org.uk

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

Organisation/Registered Provider: Therapie Clinic Ltd	Registered Manager: Miss Louise Finnighan-Linkins
Responsible Individual: Mr Phillip McGlade	Date registered: 23 August 2018
Person in charge at the time of inspection: Miss Louise Finnighan-Linkins	
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	
Brief description of how the service operates: Therapie Optilase is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. Therapie Optilase also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. Therapie Clinic 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. Equipment available in the service: Laser equipment: Manufacturer: Cynosure Elite Model:IQ Serial Number: RL1C2604A Laser Class: Wavelength: 755-1064nm Manufacturer: Cynosure Elite Model:IQ Serial Number: RL1C2504A Laser Class: Wavelength: 755-1064nm	

Manufacturer: Cynosure Elite
 Model: IQ
 Serial Number: RL1C2507A
 Laser Class:
 Wavelength: 755-1064nm

Laser protection advisor (LPA):

Mr Alex Zarneh

Laser protection supervisor (LPS):

Miss Louise Finnighan-Linkins

Medical support services:

Dr Paul Reddy

Authorised operators:

Miss Louise Finnighan-Linkins

Ms Amy Fegan

Ms Catherine Flynn

Ms Chloe Whelan

Ms Nicola McAleenan

Ms Eimear Wright

Ms Sarah Kerr

Ms Shannon McKibben

Types of laser treatments provided:

Hair removal

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 21 January 2022 from 10.55 am to 2.45 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Therapie Optilase was not inspected by RQIA during the 2020-21 inspection year.

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 safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; the clinic's adherence to best practice guidance in relation to COVID-19; 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 available for consultation on the day of the inspection and client feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Therapie Optilase that evidenced that clients were highly satisfied with the quality of treatment, information and care received.

Posters were issued to Therapie Optilase 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?

The last inspection to Therapie Optilase was undertaken on 6 August 2019; no areas for improvement were identified.

5.2 Inspection outcome

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

Miss Finnighan-Linkins 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 laser had been 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.

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. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

A review of three personnel files of authorised operators recruited since the previous inspection and discussion with Miss Finnighan-Linkins confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The service had appropriate arrangements in place in relation to the recruitment and selection of staff.

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

Miss Finnighan-Linkins stated that laser treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 staff 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 policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were 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 staff spoken with 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 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 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 had 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 Miss Finnighan-Linkins who outlined the measures taken by Therapie Optilase 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 and access to storage rooms. The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher 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 and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to 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 November 2022.

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

The establishment's LPA completed a risk assessment of the premises during October 2021 and all recommendations made by the LPA have been addressed.

Miss Finnighan-Linkins told us that laser procedures are carried out following medical treatment protocols that have been produced by a named registered medical practitioner. The medical treatment protocols are due to expire during August 2023 and systems are in place to review these when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Miss Finnighan-Linkins, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained.

Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

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 is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser machines are operated using a key. Arrangements are in place for the safe custody of the keys 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. 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 Optilase has a separate laser register in respect of each laser machine. Miss Finnighan-Linkins told us that the authorised operators complete the relevant register every time the equipment is operated. The registers included:

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

Miss Finnighan-Linkins told us that since the previous inspection the service has replaced two of the laser machines and installed a third. All three laser machines had a commissioning report available for review and servicing arrangements have been made in line with the manufacturer's guidance.

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)

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 Optilase is registered with the Information Commissioner's Office (ICO). A review of the current ICO registration certificate evidenced that registration is due to expire during August 2022.

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

Discussion with Miss Finnighan-Linkins regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments 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.

Miss Finnighan-Linkins told us that she encourages clients 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. Miss Finnighan-Linkins confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated January 2022 found that clients were highly satisfied with the quality of treatment, information and care received.

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.

Miss Finnighan-Linkins has overall responsibility for the day to day management of the establishment and is responsible for reporting to the registered provider. Therapie Optilase is operated by Therapie Clinic Ltd and Mr Phillip McGlade is the responsible individual for Therapie Clinic 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 11 January 2022 and the report was available for inspection. Miss Finnighan-Linkins was advised to ensure that this report is 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. Staff spoken with evidenced a good awareness of complaints management.

Miss Finnighan-Linkins confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Miss Finnighan-Linkins demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Miss Finnighan-Linkins 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 displayed in a prominent place.

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

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 Miss Finnighan-Linkins.

Discussion with Miss Finnighan-Linkins and review of information evidenced that the equality data collected was managed in line with best practice.

7.0 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 Miss Finnighan-Linkins, Registered Manager and the group compliance officer for Therapie Clinic Ltd, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)