



The Regulation and  
Quality Improvement  
Authority

Therapie Optilase  
RQIA ID: 12157  
Unit 1 Canal Court  
Merchants Quay  
Newry  
BT30 8HF

Inspectors: Winnie Maguire  
Stephen O'Connor  
Inspection ID: IN022605

Tel: 02830832799

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**Announced Care Inspection  
of  
Therapie Optilase  
3 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 3 November 2015 from 10.00 to 13.30. On the day of inspection the standards inspected were found to be generally safe, effective and compassionate. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by 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's (DHSPSS) Minimum Care Standards for Healthcare Establishments.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the Mr Mark Shortt, Registered Person and Ms Orla Mulholland, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Therapie Clinic Ltd Mr Mark Shortt	<b>Registered Manager:</b> Ms Orla Mulholland
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Ms Orla Mulholland	<b>Date Manager Registered:</b> 20 January 2014
<b>Categories of Care:</b> PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

**Laser Equipment**

Manufacturer: Alma  
 Model: Soprano XL  
 Serial Number: SP12P0827  
 Laser Class: 4  
 Wavelength: 810nm

**Laser Protection Advisor (LPA) –**

Mr Alex Zarneh

**Laser Protection Supervisor (LPS) –**

Ms Orla Mulholland

**Medical Support Services –**

Dr Ross Martin

**Authorised Users -**

Ms Orla Mulholland  
 Ms Lisa McNally  
 Ms Louise Finnighan-Linkins  
 Ms Karen McMahan  
 Ms Rachel McNally  
 Ms Rhian Whiteside

**Types of Treatment Provided –**

Hair reduction

**3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mr Mark Shortt, Registered Person and Ms Orla Mulholland, Registered Manager.

The following records were examined during the inspection:

- Ten client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the establishment was an announced care inspection dated 22 January 2015.

No requirements or recommendations were made during this inspection.

### **5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 22 January 2015**

The previous inspection of the establishment was an announced care inspection dated 22 January 2015.

No requirements or recommendations were made as a result of the previous inspection.

### **5.3 Standard 4 – Dignity, Respect and Rights**

#### **Is Care Safe?**

Discussion regarding the consultation and treatment process, with Ms Mulholland confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in a locked filing cabinet

#### **Is Care Effective?**

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

#### **Is Care Compassionate?**

Discussion with Ms Mulholland and review of ten client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

Review of induction programmes confirmed privacy, confidentiality and draping procedures to promote clients modesty are included.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Standard 5 – Patient and Client Partnership

### Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

### Is Care Effective?

Therapie Optilase obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issues feedback questionnaires to clients on an ongoing basis. The information received from the client feedback questionnaires is collated into a monthly summary report which is made available to clients and other interested parties to read in the waiting area of the establishment. Review of monthly audit reports found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “Lovely therapist, great treatment, I will be back”.
- “Very happy”
- “Great results to date”
- “Very professional, enjoyed my treatment very much”
- “Great treatment”

It was confirmed through discussion that comments received from clients are reviewed by the registered manager and an action plan is developed and implemented to address any issues identified.

### Is Care Compassionate?

Review of care records and discussion with Ms Mulholland confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.5 Standard 7 - Complaints

#### Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Ms Mulholland confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Ms Mulholland confirmed that information from complaints is used to improve the quality of services.

#### Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Ms Mulholland demonstrated a good understanding of complaints management.

Review of the complaints register noted no complaints had been received by the establishment but the records evidenced that there were systems in place to ensure complaints are well documented, fully investigated and outcomes recorded in line with the complaints procedure and legislation.

A complaints audit is in place if necessary as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Client Guide; copies of which are available in the waiting area for clients to read.

#### Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

The complainant is notified of the outcome and action taken by the establishment to address any concerns raised.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.6 Standard 48 - Laser and Intense Light Sources.

### Is Care Safe?

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.

There was written confirmation of the appointment and duties of a certified 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 March 2014 and revalidated until March 2017. Systems are in place to review the medical treatment protocol on an annual basis.

The medical treatment protocol sets out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA in December 2014.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in December 2014. All recommendations made by the LPA have been addressed.

The authorised users have completed training in core of knowledge and the safe use and application of the laser equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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.

### **Is Care Effective?**

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

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

On review it was noted on a small number of occasions not all details were accurately recorded.

Ten client care records were reviewed. An accurate and up to date treatment record for every client which should include:

- 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)

On review it was noted on a number of occasions details outlined in the laser register were not fully reflected in the client record and vice versa.

A requirement was made to ensure client records and the laser register are accurately completed.

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 6 October 2014 was reviewed as part of the inspection process. Evidence was provided following inspection to confirm a service of the laser machine had been arranged.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

### **Is Care Compassionate?**

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.

### **Area for improvement**

Ensure client records and the laser register are accurately completed.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.7 Additional Areas Examined

### 5.7.1 Management of Incidents

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### 5.7.2 RQIA registration and Insurance Arrangements

Discussion with Ms Mulholland regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the reception area of the premises.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6 Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Mark Shortt, Registered Person, and Ms Orla Mulholland, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The HPSS (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.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>	The registered person must ensure all client records and the laser register are accurately completed.
<b>Ref:</b> Regulation 21(1)	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Action completed. Refresher training regarding completion of the register undertaken with all named staff on 4th November 2015, (the day following inspection). All therapists now aware of the correct way to complete the register.
<b>Stated:</b> First time	
<b>To be Completed by:</b> 3 December 2015	

<b>Registered Manager Completing QIP</b>	Orla Mulholland	<b>Date Completed</b>	24/11/15
<b>Registered Person Approving QIP</b>	Mark Shortt	<b>Date Approved</b>	24/11/2015
<b>RQIA Inspector Assessing Response</b>	Winnie Maguire	<b>Date Approved</b>	29/11/2015

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**