

Announced Care Inspection Report 8 August 2017



Therapie Optilase

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser Service**

Address: Unit 1, Canal Court, Merchant's Quay, Newry BT35 8HF

Tel No: 02830832799

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 an Independent Hospital (IH) - Cosmetic Laser Service. The type of treatment provided is laser hair removal.

Laser equipment:

- Manufacturer: ABC
- Model: Soprano Platinum
- Serial Numbers: PLAT0383
- Laser Class: 4
- Wavelength: 755nm- 1064nm

- Manufacturer: ABC
- Model: Soprano Platinum
- Serial Numbers: PLAT0378
- Laser Class: 4
- Wavelength: 755nm- 1064nm

Laser protection advisor (LPA):

- Alex Zarneh

Laser protection supervisor (LPS):

- Orla Mulholland

Medical support services:

- Dr Ross Martin

Authorised users:

- Orla Mulholland, Georgia Brannigan, Lisa McNally, Sarah Redmond, Louise Linkins and Shannon McKibben

Types of treatment provided:

- Hair removal

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Therapie Clinic Ltd Responsible Individual(s): Mr Phillip McGlade (Registration pending) | Registered Manager: Ms Orla Mulholland |
| Person in charge at the time of inspection: Ms Orla Mulholland | Date manager registered: 20 January 2014 |
| Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers | |

4.0 Inspection summary

An announced inspection took place on 8 August 2017 from 9.50 to 13.20.

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.

Examples of good practice were evidenced in all four domains. These related to training, laser safety, adult safeguarding, the client experience, the environment and governance arrangements.

An area of improvement against the minimum standards was identified which related to the provision of liquid soap and paper hand towels at all hand washing basins and re-introduction of colour coded cleaning equipment.

Clients who submitted questionnaire responses indicated a high level of satisfaction.

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.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Ms Orla 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 28 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 2017.

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 Ms Orla Mulholland, registered manager and authorised operator, Mr Joenil Ong, regional laser nurse, and one other 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', 'partially met', or 'not met'.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

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 28 February 2017

| 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 18(2) a Stated: First time | <p>The registered provider must ensure all authorised users have evidence of up to date basic life support training and IPC training.</p> <p>Action taken as confirmed during the inspection: A review of training records confirmed all authorised operators had undertaken basic life support and infection prevention and control training since the previous inspection in February 2017.</p> | Met |
| Area for improvement 2 Ref: Regulation 19(2)(d) and Schedule 2, as amended Stated: First time | <p>The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited. Records must be retained and available for inspection including:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check prior to commencement of employment • criminal conviction declaration <p>Action taken as confirmed during the inspection: Review of the most recently appointed authorised operator's personnel file confirmed all the relevant information had been sought and was available for inspection prior to the staff member undertaking the role of authorised operator. Advice was given on the storage of enhanced AccessNI checks and the inclusion of a criminal declaration statement in the organisation's application form.</p> | Met |
| Area for improvement 3 Ref: Regulation 15(2) Stated: First time | <p>The registered person must ensure an installation report and evidence of ongoing service arrangements in line with manufacturer's instructions is in place for the laser equipment, serial number S12ICE0217.</p> | Met |

| | | |
|---|---|---------------------------------|
| | <p>Action taken as confirmed during the inspection:</p> <p>The laser equipment serial number S12CE0217 is no longer in use and has been removed from the premises.</p> <p>Two new laser machines have been installed and the servicing arrangements for these machines are discussed within section 6.4 of this report.</p> | |
| Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014) | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 10.6</p> <p>Stated: First time</p> | <p>Re-establish staff appraisals on at least on an annual basis.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of staff appraisals evidenced they had been carried out following the previous inspection.</p> | Met |
| <p>Area for improvement 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> | <p>The adult safeguarding policy and procedure should be updated to ensure it fully reflects the new regional policy and guidance issued during July 2015.</p> <p>Action taken as confirmed during the inspection:</p> <p>The adult safeguarding policy available did not reflect the regional policy and guidance issued during July 2015.</p> <p>It was confirmed that it had been updated following the previous inspection in February 2017; however, this updated version was no longer available following the departure of the previous responsible individual.</p> <p>The adult safeguarding policy was updated to reflect the regional policy and guidance issued in July 2015 immediately following the inspection and an electronic copy was forwarded to RQIA.</p> | Met |
| <p>Area for improvement 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> | <p>The management of medical emergencies policy should include details of training, incident reporting and recording of any medical emergency and debriefing arrangements.</p> | Met |

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|--|---|--|
| | <p>Action taken as confirmed during the inspection: The management of medical emergencies policy was updated, as above, immediately following the inspection and an electronic copy forwarded to RQIA.</p> | |
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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 Ms Mulholland 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 authoriser 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, fire safety and the protection of adults at risk of harm.

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 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 Ms Mulholland confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Advice was given on the storage of enhanced AccessNI checks and the inclusion of a criminal declaration statement in the organisation's application form. Both were confirmed as actioned following inspection.

The recruitment policy and procedure was updated following inspection and an electronic copy forwarded to RQIA. It was found to be comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

The adult safeguarding policy did not fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). The relevant contact details for onward referral to the local Health and Social Care Trust should an adult safeguarding issue arise were also not included and a copy of these details were forwarded to Ms Mulholland following the inspection.

As discussed previously, it was confirmed that it had been updated following the previous inspection in February 2017; however, this updated version was no longer available following the departure of the previous responsible individual.

A further updated adult safeguarding policy was forwarded to RQIA immediately following the inspection. The policy outlined the role of safeguarding lead in the clinic as Ms Mulholland and Mr Ong as safeguarding champion for the organisation. Ms Mulholland has undertaken Level 2 adult safeguarding training and Mr Ong confirmed he is to undertake adult safeguarding training in accordance to his role as safeguarding champion.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Laser safety

A laser safety file was in place which contained most 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. The service level agreement between the establishment and the LPA was reviewed and this expires on May 2018.

The medical treatment protocol available was not in accordance to the new laser machines which had been recently installed. The importance of having a relevant medical treatment protocol in place was emphasised by the inspector. Ms Mulholland confirmed that no further laser treatments would be provided until the medical treatment protocol for hair removal using the new laser machines was in place. The day after the inspection an electronic copy of a medical treatment protocol relevant to the laser machines to be used and the treatment to be provided was forwarded to RQIA. It was further confirmed all authorised operators had signed to state they had read and understood the medical treatment protocol and agreed to provide laser hair removal in accordance with the protocol.

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 June 2017 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 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. 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 for each machine 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 were no installation reports for the two newly installed laser machines. During the inspection Ms Mulholland contacted a laser engineer to conduct a review of the laser machines and provide an installation report for each machine. It was confirmed that the laser engineer visited immediately following the inspection carried out a review of the machines and provided installation reports. There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance.

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.

The management of medical emergencies policy was updated immediately following the inspection to include details of training, incident reporting and the recording of any medical emergency and debriefing arrangements, and an electronic copy forwarded to RQIA.

Infection prevention and control (IPC) and decontamination procedures

The 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 it was noted the liquid soap dispensers and the paper towel dispensers were empty. Review of the cleaning equipment noted it was not colour coded as outlined in the IPC policy and which had been in place on previous inspections. Ms Mulholland confirmed cleaning equipment had recently not been replaced using a colour coded system. An area of improvement against the minimum standards was identified which related to the provision of liquid soap and paper hand towels at all hand washing basins, and the re-introduction and use of colour coded cleaning equipment.

Adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control. A weekly IPC audit is carried out internally and an external IPC audit was carried out in December 2016. It was advised the IPC audit should include checking that adequate hand washing equipment and colour coded cleaning equipment is in place .

Environment

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 and arrangements had been made to have it serviced. It was confirmed following the inspection that a new CO₂ fire extinguisher had been purchased.

Client and staff views

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

- “Very Safe.”
- “I always feel the girls look after me in the Newry clinic. It is clear to see safety is a priority here.”
- “I always feel safe.”
- “Feel safe and fully protected from any harm.”

Three staff submitted questionnaire responses. All indicated that they felt that clients are safe and protected from harm and 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 induction, training, appraisal, laser safety, risk management and the environment.

Areas for improvement

Liquid soap and paper hand towels should be provided at all hand washing basins; and colour coded cleaning equipment should be re-introduced and used in line with best practice.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

Eight 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)

A client record audit is conducted on a monthly basis.

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. Review of documentation demonstrated that minutes of staff meetings are retained.

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. Twelve clients indicated that they were very satisfied with this aspect of care and eight clients indicated that they were satisfied. Comments provided included the following:

- “Yes I feel my treatments are very effective and I am really happy so far.”
- “The girls are very good at their job.”
- “Everything is explained prior to each and every treatment.”
- “Excellent staff, very happy.”

All 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 indicated that they were very satisfied with this aspect of the 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 in relation to the management of clinical records 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 Ms Mulholland and staff 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 efficient and effective.”
- “Friendly and professional staff.”
- “Fabulous service.”
- “Really happy with the treatment.”

Client and staff views

All twenty clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Twelve indicated that they were very satisfied with this aspect of care and eight indicated that they were satisfied. The following comment was provided:

- “Yes, I am always fully covered, never left exposed and always feel care is respectful.”

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 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 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.

Ms Mulholland is the nominated individual with overall responsibility for the day to day management of the service. RQIA have received an application for Mr Phillip McGlade as the

responsible individual. Ms Mulholland confirmed Mr McGlade is based in Dublin however calls in regularly to review the clinic and talk to staff . A discussion took place with regards to Regulation 26 of the Independent Health Care Regulations (Northern Ireland) and the requirement for the registered person to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation.

Mr Ong, regional laser nurse, confirmed part of his role and responsibilities was to ensure compliance with legislation. The matter is to be discussed further with Mr McGlade during a fit person's interview with RQIA as part of the registration process.

In the meantime, Mr Ong was given advice on the issues to be covered in any future unannounced visits in accordance with Regulation 26.

Ms Mulholland confirmed she attends management meetings in Dublin on a monthly basis and is supported in her role by a team based in Dublin. She also confirmed she provides a daily report on the clinic via email to the Dublin management team. Ms Mulholland confirmed she felt supported in her role as registered manager.

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

Discussion with Ms Mulholland demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Ms Mulholland 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 Ms Mulholland 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:

- weekly laser machine check
- weekly IPC audit
- monthly client feedback
- monthly deep clean log
- monthly client record audit

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Ms Mulholland demonstrated a clear understanding of her 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. Ten clients indicated that they were very satisfied with this aspect of the service and 10 indicated that they were satisfied. The following comment was provided:

- “Before each treatment begins I feel I am made aware of all the possible outcomes of treatment. My safety comes first and the staff seem to know the answers to all the questions I may have before my session begins.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and that they are very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Very well. I always feel at ease.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Orla Mulholland, registered manager and Mr Joenil Ong, regional laser nurse, 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 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 Minimum Care Standards for Healthcare Establishments (July 2014) | |
| Area for improvement 1 Ref: Standard 20 Stated: First time To be completed by: 8 August 2017 | The registered person shall ensure that liquid soap and paper hand towels are provided at all hand washing basins; and colour coded cleaning equipment is re-introduced and used in line with best practice. Ref: 6.4 Response by registered person detailing the actions taken: Liquid soap and paper hand towels are now provided at all hand washing basins; New color coded cleaning equipment ordered and now being used in the clinic in line with the best practice. |

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

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