

# Announced Care Inspection Report 30 August 2018



## Therapie Optilase

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

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

**Tel No: 02830832799**

**Inspector: Norma Munn**

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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):**

- Mr Alex Zarneh

**Laser protection supervisor (LPS):**

- Mrs Louise Finnighan-Linkins

**Medical support services:**

- Dr Ross Martin

**Authorised operators:**

- Mrs Louise Finnighan-Linkins, Ms Sarah Redmond, Ms Shannon McKibben, Ms Eadaoin Hynes and Ms Naoise O'Hagan

**Types of treatment provided:**

- Hair removal

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Therapie Clinic Ltd	<b>Registered Manager:</b> Mrs Louise Finnighan-Linkins
<b>Responsible Individual:</b> Mr Phillip McGlade	
<b>Person in charge at the time of inspection:</b> Mrs Louise Finnighan-Linkins	<b>Date manager registered:</b> 23 August 2018
<b>Categories of care:</b> 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 30 August 2018 from 11.00 to 14.30.

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).

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 included the recruitment procedures, authorised operator training, client safety in respect of safe procedures for the use of lasers and intense light sources, infection prevention and control, and the arrangements for managing a medical emergency. Other examples include ensuring the core values of privacy and dignity were upheld, maintaining client confidentiality and providing the relevant information to allow clients to make informed choices.

No areas of improvement were identified during this inspection.

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, and enhance practice and clients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Finnighan-Linkins, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 8 August 2017

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 8 August 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 previous care inspection report
- the returned QIP from the previous care inspection

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

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

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

During the inspection the inspector met with Mrs Finnighan-Linkins, registered manager 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 Mrs Finnighan-Linkins at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 August 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 8 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation confirmed that liquid soap and paper hand towels had been provided at all hand washing basins.  Mrs Finnighan-Linkins confirmed that colour coded cleaning equipment had been re-introduced and used in line with best practice.	

## 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 Mrs Finnighan-Linkins confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

It was confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the lasers was 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 records and discussion with staff confirmed that all authorised operators have up to date training in application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm, in keeping with the RQIA training guidance. Mrs Finnighan-Linkins also confirmed that all authorised operators have up to date training in core of knowledge however records were not available to review in

respect of two of the authorised operators. Following the inspection RQIA received a copy of the training certificates to evidence that this training had been undertaken and was up to date.

Mrs Finnighan-Linkins confirmed that all the staff employed are authorised operators and no other staff are employed that are not directly involved in the use of the laser equipment.

Discussion with staff and review of documentation confirmed that authorised operators take part in appraisal at least on an annual basis.

### **Recruitment and selection**

A review of two personnel files of authorised operators recruited since the previous inspection evidenced that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005; all recruitment documentation had been sought and retained.

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

### **Safeguarding**

It was confirmed that the laser service is not provided to persons under the age of 18 years.

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, including who the nominated safeguarding lead was.

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.

A policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. A minor amendment was made to the policy following the inspection. The amended policy 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 for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The policy outlined the role of safeguarding lead in the clinic and the safeguarding champion for the organisation.

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 both available for staff reference.

### **Laser safety**

A laser safety file was in place which contained all of the relevant information in relation to the 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 had expired in May 2018. This was

discussed with Mrs Finnighan-Linkins. Following the inspection RQIA received confirmation that a new service level agreement was in place.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Myers on 4 August 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

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

The establishment's LPA completed a risk assessment of the premises during May 2018 and any recommendations made by the LPA have been addressed.

Mrs Finnighan-Linkins is the laser protection supervisor (LPS) and has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. All authorised operators have signed to state that they have 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. 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 which is completed every time the equipment is operated and includes:

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance.



**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.

There was a resuscitation policy in place.

**Infection prevention and control and decontamination procedures**

The treatment room was clean and clutter free. Discussion with staff evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

It was advised that the fabric towel in the toilet facility be removed and disposable hand towels provided should be used. Mrs Finnighan-Linkins agreed to wall mount the disposable hand towels and toilet roll in keeping with best practice.

**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 was available which has been serviced within the last year.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

**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.

One client care record was reviewed. There was an accurate and up to date treatment record for this 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 is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Discussion with staff and a review of the management of records policy confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

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 and confirmed that staff meetings are held on a regular basis. Review of documentation demonstrated that minutes of staff meetings are retained.

## **Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 Mrs Finnighan-Linkins 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 and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual 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:

- “Great results, excellent service.”
- “Always happy with treatment and service.”
- “Excellent service always.”
- “I have always been very well treated and looked after.”
- “Can’t fault the service !!”
- “xxx has always shown me great care and respect in my time at Therapie. Thank you.”

#### 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
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 whom to speak to if they had a concern. Staff 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. Mrs Finnighan-Linkins has overall responsibility for the day to day management of the service.

The responsible individual monitors the quality of services. It was confirmed that the area manager for Therapie Clinic Limited undertakes a visit to the premises at least every six months in accordance with legislation and the report of this visit is reviewed by the responsible individual. Reports of the unannounced monitoring visits were not available to review during the inspection. However, RQIA received evidence of these monitoring visits following the inspection.

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

Discussion with Mrs Finnighan-Linkins demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available and staff demonstrated good awareness of complaints management.

Discussion with Mrs 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. 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.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Finnighan-Linkins.

Mrs Finnighan-Linkins demonstrated a clear understanding of her role and responsibility in accordance with legislation. 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.

Following the inspection RQIA received a copy of insurance documentation to confirm that current insurance policies were in place.

### 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
Areas for improvement	0	0

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Finnighan-Linkins.

## 6.9 Client and staff views

Nineteen clients submitted questionnaire responses to RQIA. All of the clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients indicated that they were very satisfied with each of these areas of their care.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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