

Announced Care Inspection Report 6 August 2019



Therapie Optilase

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

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

Tel No: 028 3083 2799

Inspector: Norma Munn

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

Therapie Optilase is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Laser equipment:

- Manufacturer: Cynosure
- Model: Elite
- Serial Number: ELM 1980
- Laser Class: 4
- Wavelength: 755nm- 1064nm
- Manufacturer: Cynosure
- Model: Elite
- Serial Number: ELM 1954
- 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 Paul Reddy

Authorised operators:

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

Types of treatment provided:

- Hair removal

3.0 Service details

Organisation/Registered Provider: Therapie Ltd	Registered Manager: Mrs Louise Finnighan-Linkins
Responsible Individual: Mr Phillip McGlade	
Person in charge at the time of inspection: Mrs Louise Finnighan-Linkins	Date manager registered: 23 August 2018
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 6 August 2019 from 10.50 to 14.20.

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 (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection determined 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: patient safety in respect of staffing, recruitment and selection, safeguarding, laser treatments, management of medical emergencies, infection prevention and control and decontamination and the general environment. Other examples included: the management of the patients' care pathway, communication, records management, engagement to enhance the patients' experience and the overall governance arrangements.

No areas requiring improvement were identified during the inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Louise Finnighan-Linkins, registered manager and Ms Orla Mulholland, area manager for Therapie Ltd, 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 30 August 2018

No further actions were required to be taken following the most recent inspection on 30 August 2018.

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

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 Louise Finnighan-Linkins, registered manager and authorised operator, Ms Orla Mulholland, area manager of Therapie Ltd and two other authorised operators.

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
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to Mrs Finnighan-Linkins, registered manager and Ms Mulholland, area manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August 2018

The most recent inspection of Therapie Otilase was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2018

There were no areas for improvement made as a result of the last care inspection.

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 staff, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Finnighan-Linkins confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the lasers is maintained and kept up to date.

A review of a recent completed induction programme 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.

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 on a six monthly basis.

Recruitment and selection

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

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

Safeguarding

It was confirmed that laser treatments are 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 and safeguarding champion were.

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. It was confirmed that Mrs Finnighan-Linkens is the safeguarding lead for Therapie Optilase and has completed formal training in safeguarding adult's level 2 in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ms Mulholland is the safeguarding champion for Therapie Ltd and has also completed formal training in safeguarding adult's level 3 in keeping with the NIASP training strategy.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

A policy and procedure was in place for the safeguarding and protection of children. A discussion took place with Mrs Finnigan-Linkens and Ms Mulholland regarding the arrangements in place should an adult client attend for treatment accompanied by a child. It was advised that the policy should be further developed to include the distinct referral pathways in the event of a safeguarding issue arising with a child and the relevant contact details included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Mrs Mulholland has agreed to action this.

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 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 was up to date.

Laser procedures are carried out by trained operators in accordance with the medical treatment protocol produced by Dr Paul Reddy during March 2019. Systems are in place to review the medical treatment protocol on an annual basis. The medical treatment protocol contained the relevant information pertaining to the treatment 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 lasers equipment being used.

The establishment's LPA completed a risk assessment of the premises during December 2018 and no recommendations were made.

Mrs Finnighan-Linkens is the laser protection supervisor (LPS) and 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.

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 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 two laser registers which are 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. The most recent service reports dated 25 and 26 April 2019 were reviewed as part of the inspection process.

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 rooms were clean and clutter free. Discussion with staff evidenced that appropriate procedures were in place for the decontamination of equipment between uses. 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.

Risk Management

Mrs Finnighan-Linkens confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed and arrangements were in place to review risk assessments.

Arrangements were in place for maintaining the environment that includes the routine servicing and maintenance of the fire detection system and firefighting equipment. It was also confirmed that the arrangements are in place for portable appliance testing (PAT) of electrical equipment.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

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 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.

Four 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)

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 review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations (GDPR) May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

Audits

Discussion with Mrs Finnighan-Linkens confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A range of audits have been undertaken as follows:

- environmental
- records
- client satisfaction
- cleaning

Arrangements are in place to escalate shortfalls identified during the audit process through the establishment's governance structure.

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.

Staff confirmed that management is approachable and their views and opinions are listened to. Staff 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, 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 the 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 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 within the establishment found that clients were highly satisfied with the quality of treatment, information and care received.

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 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 six monthly staff appraisal.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Finnighan-Linkens has overall responsibility for the day to day management of the service and is supported in her role by Ms Mulholland as area manager for Therapie Ltd. It was confirmed that Ms Mulholland 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.

A review of the most recent report generated to document the findings of Regulation 26 visits evidenced that the most recent visit was in keeping with the legislation.

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

There was a complaints policy and procedure in place. Clients and/or their representatives were made aware of how to make a complaint by way of the client’s guide. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Mrs Finnighan-Linkens confirmed that there had been no complaints received since the previous inspection. It was confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. A template used to record complaints was reviewed and included a section to record the details of any investigation undertaken, all communication with complainants, and the outcome of the complaint and the complainant’s level of satisfaction. Arrangements are in place to share information about complaints and compliments with staff. If complaints are received an audit of complaints will be undertaken and the results used to identify trends, drive quality improvement and to enhance service provision.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Discussion with Mrs Finnighan-Linkens 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.

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.

Mrs Finnighan-Linkens 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.

Observation of insurance documentation confirmed that current insurance policies were in place however the public and employers liability insurance document reviewed had expired on 3 August 2019. This was discussed with Ms Mulholland and following the inspection RQIA received confirmation that this had been renewed.

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 clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs Finnighan-Linkens.

6.9 Client and staff views

Eleven 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. Comments included in submitted questionnaire responses are as follows:

- “Love having my treatments done at Therapie in Newry. Lovely staff and a lovely clinic. Thanks.”
- “I have really enjoyed my time in Therapie. Shannon and Sarah have been great. Thanks again.”
- “Always treated with respect and compassion.”
- “Very happy.”
- “Excellent care has been given when coming to the girls in Therapie.”
- “I am happy, they are great.”
- “Feel very welcome and well looked after in Therapie Clinic Newry. Staff are friendly and knowledgeable and clinic is always lovely and clean.”

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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews