

**Announced Care Inspection  
of  
TFHC Ltd t/a Transform**

**3 September 2015**

## 1. Summary of Inspection

An announced care inspection took place on 3 September 2015 from 10.00 to 12.30. The establishment has a private doctor category included in their registration. However as no private doctor service is currently being provided on the premises this inspection focused solely on the provision of intense pulse light (IPL) services. Overall on the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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 (DHSPPS) Minimum Care Standards for Healthcare Establishments, July 2014.

### 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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> TFHC LIMITED/ Mr Alan Forsythe	<b>Registered Manager:</b> Ms Orfhlaith Darragh
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mr Alan Forsythe	<b>Date Manager Registered:</b> 31 March 2015
<b>Categories of Care:</b> PT (IL) - Prescribed techniques or prescribed technology: establishments using intense light sources. PD – Private Doctor	

### IPL Equipment

Manufacturer: Alma  
 Model: Harmony XL  
 Serial Number: HXL 00307  
 Wavelength: IPL – VP/PL 540nm-950nm  
                   IPL – SR 570nm-950nm  
                   IPL – SHR 650nm-950nm

**Laser Protection Advisor (LPA)** – Simon Wharmby

**Laser Protection Supervisor (LPS)** – Ms Karen Donaghy

**Medical Support Services** – Mr Carl Jones – Medical Director

**Authorised Users** - Ms Karen Donaghy

**Types of Treatments Provided** – Vascular (540nm)  
   Hair removal (610nm)  
   Skin rejuvenation (520nm)

## 3. Inspection Focus

The inspection sought 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 Forsythe, responsible individual, Ms Orfhlaith Darragh, registered manager, the lead aesthetician and the authorised user.

The following records were examined during the inspection:

- 6 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 variation care inspection dated 1 April 2015. No requirements or recommendations were made during this inspection.

##### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 1 April 2015

As above.

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

###### Is Care Safe?

Discussion regarding the consultation and treatment process, with the registered manager and staff 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.

###### 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. A copy of the DHSSPS standards was available within the establishment for staff to read.

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 staff and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

### **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?**

THFC Ltd t/a Transform obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment intends to issue feedback questionnaires to clients towards the end of their treatment plan. As the IPL service has only been operational a few months no clients have reached this stage as yet.

It was confirmed by the registered manager that the information received from the client feedback questionnaires will be collated into an annual summary report which will be made available to clients and other interested parties to read.

It was confirmed through discussion that comments received from clients will be reviewed by senior management and an action plan is developed and implemented to address any issues identified.

### **Is Care Compassionate?**

Review of care records and discussion with registered manager and staff 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, the registered manager confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with the registered manager confirmed that information from complaints will be used to improve the quality of services.

### Is Care Effective?

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.

The registered manager demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

The complaints procedure is contained within the Patient Guide.

### 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. The service level agreement between the establishment and the LPA was reviewed and this expired 31 August 2015. The LPA was contacted during the inspection by the lead aesthetician. He confirmed that the agreement was still in place and he agreed to forward the updated service level agreement to the establishment.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Mr Carl Jones in January 2013 which expire in January 2016. Systems are in place to review the medical treatment protocols every three years or if changes occur.

The medical treatment protocols set 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 January 2015.

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 the authorised user has 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 on 16 December 2014 and no recommendations were made.

The authorised user has completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that the authorised user 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 IPL equipment, had received laser safety awareness training.

The environment in which the IPL 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 IPL 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 IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use.

### **Is Care Effective?**

The establishment has an IPL 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

Six 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)



There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 2 February 2015 was reviewed as part of the inspection process.

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 IPL 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.

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

### **5.7.1 Management of Incidents**

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

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 the registered manager regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificate of RQIA registration was clearly displayed in reception area 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. No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Alan Forsythe	<b>Date Completed</b>	23/10/2015
<b>Registered Person</b>	AlanForsythe	<b>Date Approved</b>	23/10/2015
<b>RQIA Inspector Assessing Response</b>	Jo Browne	<b>Date Approved</b>	26/10/2015

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**

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 service. 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.