

**Unannounced Care Inspection
of
Therapie Optilase**

9 March 2016

1. Summary of Inspection

RQIA received information from an alleged Therapie Optilase former employee relating to the occurrence of incidents, the management of complaints and the standard of hygiene in Therapie Optilase, Enniskillen. The information prompted an unannounced care inspection on 9 March 2016 from 10.00 to 14.30 to examine if there had been a breach of regulations. On the day of inspection the areas inspected were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014.

1.1 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

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

2. Service Details

Registered Organisation/Registered Person: Therapie Optilase (Enniskillen) Ltd Mr Mark Shortt	Registered Manager: Ms Kate McNerney (acting)
Person in Charge of the Establishment at the Time of Inspection: Ms Josephine Robb (authorised user) 10:00 - 13:00 Mr Mark Shortt 13:00 onwards	Date Manager Registered: Name of Manager – application not yet submitted
Categories of Care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources, PD - Private Doctors (Other)	

Findings of Inspection

3. Review of Facilities

All areas of the establishment were reviewed thoroughly. In laser room one it was noted the floor was dusty with small pieces of debris scattered around. A CD player sitting on the floor had a thick layer of dust on it. The inspector was informed the laser normally stored in this room had been moved to another room to free up this room for other beauty therapies.

The inspector confirmed with staff that the laser is not used in the other room which is not a designated laser room. The cleaning schedule for laser room one had not been signed as completed since 4 March 2016.

The refractive laser eye suite was generally clean and tidy but it was noted the clinical waste bag was full to capacity and had not been removed following completion of the surgical list some days previously.

Laser room two was not reviewed until later in the inspection as it was in use. It was found to be generally clean and tidy but there was dust and small pieces of debris on the floor. The cleaning schedule for this laser room had been signed as completed daily.

The toilet areas were reviewed. There was evidence of dust in the corners of the toilet area and the toilet roll holder had a layer of dust on it. The cleaning schedule had not been signed as completed since 3 March 2016.

The inspector noted on review of the cleaning schedule for laser room one later in the inspection that it had then been signed as completed for all dates since 4 March 2016.

A recommendation was made to ensure the establishment is cleaned in accordance to the cleaning schedules and the cleaning schedules should only be signed when all cleaning has been completed.

Staff Interviews

Two authorised users were spoken to separately. One authorised user confirmed she had worked in the establishment since September 2015 and the other authorised user was based in Therapie Optilase, Belfast but had signed the local rules and treatment protocols to confirm she had read and understood them for Therapie Optilase Enniskillen.

The authorised users confirmed the following:-

- they had an induction programme, training on the safe use and application of the laser for hair removal, core of knowledge training and mandatory training
- the action to be taken if an incident occurred such as severe burns following laser treatment
- they were not aware of any such type of incident occurring
- that the previous registered manager had not been in the establishment since at least September 2015
- they were not aware of any complaints having been received regarding the provision of the laser services

- they had no concerns about the standard of hygiene in the establishment and were aware to follow the cleaning schedules and sign them
- they were aware who to report any concerns to
- they found management to be open and approachable but strict at the same time
- there was a manager in the clinic five days a week either Kate or Orla
- they had no concerns about the establishment

Mr Shortt had informed RQIA of the registered manager's absence in January 2016 but in light of the staff comments the notification was not in line the timescales outlined within the legislation and the establishment's policy on absence of registered manager.

A requirement was made that the absence of the registered manager must be reported to RQIA in line with regulation 29 and the establishment's policy on absence of registered manager.

4. Review of Incidents

There were no incidents recorded in the incident log in the establishment. On discussion with Mr Mark Shortt Registered Person and review of a client's record including the electronic record, it was confirmed an incident had occurred. A client had developed blisters following laser treatment and had contacted the establishment on a number of occasions for advice. On one occasion the member of staff he had spoken to was the authorised user who had spoken to the inspector and stated they were not aware of any incidents occurring in the establishment.

A requirement was made that all incidents are recognised by staff, recorded, reported in line with legislation, investigated and any learning disseminated to appropriate staff.

5. Review of Complaints

There were no complaints recorded in the establishment's complaint register since December 2014. As previously outlined staff also stated they were not aware on any complaints having been received by the establishment in the last six months.

Discussion with Mr Mark Shortt confirmed that a client had made a complaint regarding the laser services he had received in Therapie Optilase Enniskillen. However the complainant had made his concerns known to staff in Therapie Optilase Belfast during a visit. The record of the complaint and the investigation records had been stored in the Therapie Optilase Belfast establishment.

The inspector was furnished with copies of the complaint records held in Therapie Optilase Belfast. A review found that the complaint had been recorded and investigated and the complainant had received a response to his concerns.

A requirement was made that complaints records relating to services delivered in the establishment are held in the individual establishment and learning disseminated to appropriate staff.

Review of the complaints procedure held in the information file in the waiting area found it was not up to date and did not reflect the role of RQIA accurately in line with DHSSPS guidance on complaints. An up to date complaints procedure was available in the policies and procedures file.

A recommendation was made to ensure all copies of the complaints procedure made available to clients are up to date and accurately reflect the role of RQIA in the line with DHSSPS guidance on complaints.

6. Review of a Client Record

The client record relating to the previous incident and complaint was reviewed including the hard copy and the electronic record.

There was a treatment record for the client which included:

- client details
- medical history
- signed consent form
- skin assessment
- patch test and
- record of treatment delivered including number of shots and fluence settings

The electronic record outlined telephone calls the client had made to the establishment in regards to blisters he had developed following laser treatment. The electronic record did not fully reflect the advice given to the client.

A requirement was made to ensure clients' records fully reflect all contacts with the client and information /advice given.

7. Conclusion

Mr Mark Shortt confirmed a manager had been appointed for the establishment and an application for registration would be submitted for this individual. The need to have a registered manager in place was reflected in the number and range of requirements and recommendations made a result of this inspection. Four requirements and two recommendations have been made and are outlined in the QIP. Enforcement action was considered but not taken on this occasion.

8. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Mark Shortt Registered Person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

8.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

8.2 Recommendations

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

8.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Statutory Requirements

Requirement 1
Ref: Regulation 17(5)
Stated: First time
To be Completed by: 9 April 2016

The registered person must ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.

Response by Registered Person(s) Detailing the Actions Taken:
 Feedback taken and understood. Completed.

Requirement 2
Ref: Regulation 21
Stated: First time
To be Completed by: 9 April 2016

The registered person must ensure clients' records fully reflect all contacts with the client and information /advice given.

Response by Registered Person(s) Detailing the Actions Taken:
 Daily and weekly checks now in place as well as monthly audits. Completed.

Requirement 3
Ref: Regulation 29
Stated: First time
 9 April 2016

The registered person must ensure that the absence of the registered manager is reported to RQIA in line with regulation 29 and the establishment's policy on the absence of the registered manager.

Response by Registered Person(s) Detailing the Actions Taken:
 Understood and complete.

Requirement 4
Ref: Regulation 23
Stated: First time
To be Completed by: 9 April 2016

The registered person must ensure that complaint's records relating to services delivered in the establishment are held in the individual establishment and learning disseminated to appropriate staff.

Response by Registered Person(s) Detailing the Actions Taken:
 Staff training on Complaints process and RQIA policy and guidance undertaken and understood by all. Complete.

Recommendations

Recommendation 1
Ref: Standard 20
Stated: First time
To be Completed by: 9 April 2016

It is recommended the establishment is cleaned in accordance with the cleaning schedules and the cleaning schedules should only be signed when all cleaning has been completed.

Response by Registered Person(s) Detailing the Actions Taken:
 Conveyed via staff training - complete.

Recommendation 2 Ref: Standard 7 Stated: First time To be Completed by: 9 April 2016	It is recommended all copies of the complaint's procedure made available to clients are up to date and accurately reflect the role of RQIA in the line with DHSSPS guidance on complaints.		
	Response by Registered Person(s) Detailing the Actions Taken: Updated and complete.		
Registered Manager Completing QIP	Mark Shortt	Date Completed	5-5-2016
Registered Person Approving QIP	Mark Shortt	Date Approved	5-5-16
RQIA Inspector Assessing Response	Winifred Maguire	Date Approved	10 May 2016

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address