

Announced Care Inspection Report 14 March 2018



Therapie Optilase

Type of service: Independent Hospital (IH) - Refractive Laser Eye Surgery, Cosmetic Laser Service and Private Doctor

Address: Unit 0, Erneside Shopping Centre, Enniskillen, BT74 6JQ

Tel No: 08000121565

Inspector: Winnie Maguire

www.rgia.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 a registered independent hospital providing a laser hair removal service. Ms Gemma Knightly, registered manager, confirmed that refractive laser eye surgery and the private doctor services related to laser eye surgery are no longer provided from this establishment. The refractive laser eye surgery laser equipment has been removed from the establishment.

Laser equipment

- Manufacturer: Alma
- Model: Soprano Platinum
- Serial Number: PLAT0386
- Laser Class: 4
- Wavelength: 755nm, 810-1064nm

Laser protection advisor (LPA):

- Mr Alex Zarneth

Laser protection supervisor (LPS):

- Ms Gemma Knightly

Medical support services:

- Dr Ross Martin

Authorised operators:

- Ms Gemma Knightly, Ms Catriona Curry, Ms Aimee Woods, Ms Clare Monaghan

Types of treatment provided:

- Hair removal/reduction

3.0 Service details

Organisation/Registered Provider: Therapie Optilase (Enniskillen) Ltd	Registered Manager: Ms Gemma Knightly
Responsible Individual: Mr Phillip McGlade	
Person in charge at the time of inspection: Ms Gemma Knightly	Date manager registered: 17 November 2016
Categories of care: (IH) Independent Hospital PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PD Private Doctor	

4.0 Inspection summary

An announced inspection took place on 14 March 2018 from 10.20 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, 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 evidence in all four domains. These relate to: laser safety; the environment; effective communication between clients and the authorised operator; 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.

Two areas requiring improvement were identified against the standards with regards to the completion of client records and the installation of a wall mounted paper towel dispenser in the laser room.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in Therapie Optilase.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Gemma Knightly, registered manager and Ms Emma McFarlane regional 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 16 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment 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 patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Knightly, registered manager and authorised operator, Ms McFarlane, regional manager and one other authorised operator. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- care pathway
- communication
- management and governance arrangements
- practising privileges
- 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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 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 16 January 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 of improvement 1 Ref: Regulation 19 (2) Schedule 2 as amended Stated: First time	The registered provider must ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work.	Met
	Action taken as confirmed during the inspection: There have been no new authorised operators recruited since the previous inspection, however Ms Knightly and Ms McFarlane gave assurances that any future new authorised operators would have AccessNI enhanced checks sought and retained prior to the commencement of employment.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area of improvement 1 Ref: Standard 48.9 Stated: First time	The Soprano laser register should include details of each laser treatment provided.	Met
	Action taken as confirmed during the inspection: A review of the laser register found it to have details of each laser treatment fully recorded.	

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 Knightly and Ms McFarlane, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. As stated previously it was confirmed that refractive laser eye surgery is no longer provided from the establishment. The only laser service provided relates to a laser hair removal service.

It was confirmed that the laser hair removal service is only carried out by trained authorised 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 all 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 safeguarding.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, have received laser safety awareness training.

Discussion with staff and review of documentation confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision and appraisal.

As stated previously the private doctor service which was related to the refractive laser eye surgery is no longer provided from this establishment.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Ms Knightly and Ms McFarlane confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was 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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The name of safeguarding champion outlined in the policies is no longer employed by organisation and it was confirmed Ms McFarlane would undertake this role. She confirmed she would arrange safeguarding training commensurate with the role. The policies and procedures were amended to reflect this change. The policies 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 establishment does not provide laser services to clients under the age 18 years.

Laser safety

A laser safety file is in place which contains all of the relevant information in relation to laser equipment.

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 expires on October 2018.

Laser services are carried out by authorised operators in accordance with medical treatment protocols produced by the Dr Ross Martin in January 2018. Systems are in place to review the medical treatment protocols on an annual basis.

Up to date local rules are 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 October 2017 and All recommendations made by the LPA have been addressed.

A list of authorised operators is maintained and 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 to deputise for the LPS in their absence, who is suitably skilled to fulfil the role. Discussion with staff confirmed that systems are in place to ensure other authorised operators are aware 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 controlled area is clearly defined and not used for other purposes, or as access to areas, when laser treatment is being carried out.

The door to the laser 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 key when not in use.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

Protective eyewear was available however it was not possible to check if it was in accordance with the local rules as the local rules did not provide sufficient information in this regard. It was agreed the local rules would be amended to provide greater detail on the protective eyewear. The LPS gave assurances that she would ensure the protective eyewear was in accordance to the amended local rules.

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

A review of the laser register during the inspection found it to be comprehensively completed.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. New laser equipment had been installed in July 2017 and an installation report was available for inspection.

A laser safety file is in place which contains all of the relevant information in relation to laser.

Management of medical emergencies

A review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency.

The policy for the management of medical emergencies reflected best practice guidance.

Infection prevention and control and decontamination procedures

The laser room was clean and clutter free. Completed cleaning schedules were in place including a monthly deep clean log. 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. It was noted that there was no wall mounted disposable paper towel dispenser adjacent to the wash hand basin in the laser room. An area of improvement was identified against the standards on this matter.

As discussed previously, authorised operators have up to date training in infection prevention and control.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits have been carried out including:

- environmental
- hand hygiene

The compliance rate was noted to be high and an action plan was in place for areas of non-compliance.

There were a range of IPC policies and procedures in place.

Environment

The premises were maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

A carbon dioxide (CO₂) fire extinguisher was available which has been serviced within the last year.

Arrangements are in place for maintaining the environment.

Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “We ensure client safety at all times.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, laser safety, risk management and the environment.

Areas for improvement

Install a wall mounted disposable paper towel dispenser adjacent to the wash hand basin in the laser room.

	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.

Six client care records were reviewed relating to the laser service. Most client records were found to have an accurate and up to date treatment record for each 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)

However on two occasions laser treatments outlined in the laser register had not been recorded in the client record. On discussion with Ms knightly and Ms McFarlane, it was confirmed that both client records and the laser register are required to be accurately completed. An area of improvement was identified against the standards with regards to the accurate completion of client records.

A client record audit was noted to be completed on a monthly basis. It was advised to include cross referencing the client record with the laser register as part of the client record audit.

Observations made evidenced that client records were securely stored. A policy and procedure was available which included 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.

It was confirmed that management is approachable and staff views and opinions are listened to.

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 and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and 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 was an example of good practice found in relation to ensuring effective communication between clients and staff.

Areas for improvement

Client records must be accurately completed on each occasion that laser treatment is provided to the client.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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:

- “Lovely clinic.”
- “Clinic is fantastic.”

Client and staff views

All clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care and 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 staff were able to describe their roles and responsibilities and were aware of who 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. Ms Knightly is the nominated individual with overall responsibility for the day to day management of the service and is supported in her role by the regional manager. It was confirmed Mr Philip McGlade, the registered person, undertakes a visit to the premises at least every six weeks and it was advised that a record is made of these visits.

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

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

A copy of the complaints procedure was available in the establishment. Discussion with Ms Knightly and Ms McFarlane 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.

Discussion with Ms Knightly 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.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Ms Knightly confirmed that 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.

Ms Gemma Knightly 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 led and were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. 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 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Gemma Knightly, registered manager and Ms Emma McFarlane regional manager, 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 a 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 and 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).

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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)	
Area for improvement 1 Ref: Standard 20 Stated: First time To be completed by: 12 May 2018	The registered person shall ensure that a wall mounted disposable paper towel dispenser is installed adjacent to the wash hand basin in the laser room. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 48.10 Stated: First time To be completed by: 12 March 2018	The registered person shall ensure that client records are accurately completed on each occasion that laser treatment is provided to the client. Ref: 6.5 Response by registered person detailing the actions taken:

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



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