

Inspection Report

15 October 2025



Thérapie Ltd

Type of service: Independent Hospital – Cosmetic laser

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> The Independent Health Care Regulations (Northern Ireland) 2005 and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation / Provider: Therapie Medical (UK) Limited	Registered Manager: Mrs Valerie Hughes
Responsible Individual Mr Phillip McGlade	Date registered: 5 November 2025
Person in charge at the time of inspection: Mrs Valerie Hughes	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Therapie Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with the following category of care: PT (L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. Therapie Ltd also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the category categories of care for which the establishment is registered with RQIA. Therapie Medical (UK) Limited is the registered provider and Mr Philip McGlade is the responsible individual. Mr McGlade is also the responsible individual for three other services registered with RQIA. Prior to the inspection, Mrs Hughes submitted an application to RQIA to become the registered manager of Therapie Ltd. This application was approved on 5 November 2025.	
Equipment available in the service: Laser equipment: Manufacturer: Cynosure Model: Elite Serial Number: RL223612 Laser Class: 4 Wavelength: 755-1064 nm	

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Type of laser treatments provided:
 Hair reduction

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 October 2025 from 10.00 am to 1.00 pm.

The inspection was facilitated by Mrs Hughes and the compliance manager for the provider.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service.

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Therapie Ltd. This matter is discussed further in section 5.2.9.

Posters were issued to Therapie Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Therapie Ltd was undertaken on 3 October 2024; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients and staff are suitably trained?

The compliance manager for Therapie Medical (UK) Limited told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

The compliance manager confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser equipment is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new authorised operators 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, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

Review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

There is a recruitment and selection policy and procedure in place, which adhered to legislation and best practice guidance.

Therapie Medical (UK) Limited has a human resources (HR) talent development team which oversees the recruitment and selection of authorised operators, and approves all staff appointments with support from Mrs Hughes.

Discussion with Mrs Hughes confirmed that she had a clear understanding of the legislation and best practice guidance.

One new authorised operator has been employed since the last inspection. A review of their personnel file confirmed that the authorised operator has been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 and that the required recruitment documentation had been sought and retained for inspection.

Evidence of job descriptions and induction checklists were available for review during the inspection.

It was determined that the recruitment of authorised operators has been undertaken in accordance with legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Mrs Hughes stated that laser treatment is not provided to persons under the age of 18 years.

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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Hughes confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that the safeguarding lead for Therapie Medical (UK) Limited, has completed formal level three training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016), and minimum standards.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

All authorised operators had up to date training in basic life support and Mrs Hughes confirmed authorised operators were aware of what action to take in the event of a medical emergency.

There was a written protocol in place for dealing with recognised medical emergencies.

It was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser treatment rooms were clean and clutter free. Discussion with Mrs Hughes 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. Cleaning schedules for the establishment were in place. As discussed previously, authorised operators had up to date training in IPC.

The compliance manager confirmed that arrangements are in place to check the Department of Health (DOH) and Public Health Agency (PHA) websites for advisory information, guidance and alerts with regards to IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 How does the service ensure the environment is safe?

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

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

It was confirmed that the fire risk assessment had been reviewed since the previous inspection.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.7 How does the service ensure that laser procedures are safe?

A laser safety file was in place which contained 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. This service level agreement was reviewed and expires during November 2026.

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

The establishment's LPA completed a risk assessment of the premises during May 2025 and all recommendations made by the LPA have been addressed.

The compliance manager confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during September 2026. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Hughes, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had 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.

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 treatment is being carried out.

The door to each treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Authorised operators were aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Therapie Ltd maintains a separate laser register for each machine.

The compliance manager told us that authorised operators complete the relevant section of the register every time the equipment is operated.

The registers reviewed included:

- 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 for the laser equipment were reviewed.

It was determined that appropriate arrangements were in place to operate the laser equipment.

5.2.8 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Mrs Hughes confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes pre and post treatment information.

The service 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 each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

A selection of client care records were reviewed. There was an accurate and up to date treatment record for every 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 and discussion with the compliance manager confirmed that client records are securely stored in electronic format. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.9 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mrs Hughes regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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.

The compliance manager told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. The compliance manager confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report, dated August 2025, found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.10 How does the responsible individual assure themselves of the quality of the services provided?

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

Mrs Hughes is the nominated individual with overall responsibility for the day to day management of the clinic and is responsible for reporting to the compliance team and senior management at Therapie Medical (UK) Limited. The compliance officer monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The report of the most recent unannounced monitoring visit, dated October 2025, was available for inspection. It was confirmed that all reports are sent to Mr McGlade, Responsible Individual, to enable him to monitor progress with identified actions.

Policies and procedures were available outlining the arrangements associated with the laser treatment. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. The compliance manager confirmed that a complaints audit would be undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with the compliance manager and Mrs Hughes confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Hughes confirmed that incidents are effectively documented and investigated in line with legislation and reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mrs Hughes demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Hughes 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 displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

5.2.11 Does the service have suitable arrangements in place to record 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 Hughes.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hughes, Registered Manager, and the compliance manager, as part of the inspection process and can be found in the main body of the report.



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